

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Your health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to all records about your care that occurs at any of our Achieve Health and Wellness facilities. This Notice applies to all records about your care at our facilities or affiliated entities.

HIPAA does not apply to information disclosed in connection with a worker's compensation matter. Pursuant to law, your health information relevant to a worker's compensation matter will be disclosed to your employer's workers compensation insurer or third party administrator and to your employer.

I. We Are Legally Required to Safeguard Your Protected Health Information. We are required by law to:

- A. Maintain the privacy of your health information, also known as "protected health information" or "PHI;"
- B. Provide you with this Notice, and
- C. Comply with this Notice.

II. Future Changes to Our Practices and This Notice. We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting 406 Roy Martin Rd Suite #9 Gray, TN 37615. We will also make any revised Notice available in our clinics.

III. How We May Use and Disclose Your Protected Health Information. The law requires us to have your written authorization to some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your written authorization. This Section gives examples of each of these circumstances.

A. Uses and Disclosures for Treatment, Payment and Health Care Operations. We may use or disclose your PHI to provide treatment to you. For example, we may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care. We may also use and disclose your PHI to contact you as a reminder that you have an appointment for treatment at our facility, to tell you about or recommend possible treatment options or alternatives, or about health-related benefits or services that may interest you.

We may also use or disclose your PHI to your insurance carrier in order to get paid for treatment provided to you. For example, we may use your PHI to create the bills that we submit to the insurance company, or we may disclose certain portions of your PHI to our business associates who perform billing and claims processing services to us.

We may also use or disclose your PHI in order to operate this facility. For example, we may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved with your care. We may also provide your PHI to our attorneys, accountants and other consultants to make sure we are complying with the laws that affect us.

B. Uses and Disclosures That Require Us to Give You the Opportunity to Object. If you do not object, we may include your name and location in our facility in the patient directory that we use when responding to requests by those who ask for you by name. Unless you object, we may provide relevant portions of your PHI to a family member, friend or other person you indicate is involved in your health care or in helping you get payment for your health care. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will tell you about it later, after the emergency, and give you the opportunity to object to future disclosures to family and friends. Unless you object, we may also disclose your PHI to persons performing disaster relief notification activities.

C. Certain Uses and Disclosures Do Not Require Your Written Authorization Other than Uses and Disclosures for Treatment, Payment and Health Care Operations. The law allows us to disclose PHI without your written authorization in the following circumstances:

- (1) When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.
- (2) If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
- (3) If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
- (4) If disclosure is compelled by the patient or the patient's representative pursuant to Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
- (5) To avoid harm, PHI may be provided to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- (6) If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
- (7) If disclosure is mandated by the Child Abuse and Neglect Reporting law if there is a reasonable suspicion of child abuse or neglect.
- (8) If disclosure is mandated by the Elder/Dependent Adult Abuse Reporting law if there is a reasonable suspicion of elder abuse or dependent adult abuse.
- (9) If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
- (10) If disclosure is compelled or permitted by the fact that you report the commission of or contemplation of a commission of a crime.
- (11) For public health activities.
- (12) For quality review health oversight activities.
- (13) For specific government functions which impact national security, or veterans or military personnel.
- (14) For research purposes which may result in improved practices.
- (15) For Workers' Compensation compliance purposes.

- (16) If an arbitrator or arbitration panel compels disclosure.
- (17) If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, such as HIPAA compliance.
- (18) If disclosure is otherwise specifically required by law.

For some types of PHI, there may be stricter restrictions on our use or disclosure of PHI. For example, drug and alcohol abuse patient treatment information, HIV test results, mental health information, and genetic testing results may be subject to greater protection of your privacy.

In general, we may disclose a minor patient's PHI to a parent or guardian, but we may deny the parents' access to the minor patient's PHI in some situations.

IV. Other Uses and Disclosures of Your Protected Health Information. Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission, and are required to retain certain records of the uses and disclosures made when the authorization was in effect.

V. Your Rights Related to Your Protected Health Information. You have the following rights:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make to the Secretary of the federal Department of Health Services, related to our facility's patient directory, or any of the disclosures described in Section III, above. Any such request must be submitted in writing to our Privacy Officer.

We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment.

B. The Right to Choose How We Communicate With You. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, by e-mail rather than by regular mail, or never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.

C. The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to Medical Records, which will respond to your request within 30 days (or 60 days if the extra time is needed). In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your right to have the denial reviewed.

If you ask us to copy your PHI, we will charge you \$25.00 processing fee and \$.65 per page

D. The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing and must be addressed to our Medical Records, and must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you who else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

- (1) was not created by us, unless the person who created the information is no longer available to make the amendment
- (2) is not part of the PHI we keep about you
- (3) is not part of the PHI that you would be allowed to see or copy
- (4) is determined by us to be accurate and complete

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

E. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures we have made for our treatment, payment and health care operations purposes, those made directly to you or your family or friends or through our facility directory, or for disaster notification purposes. Neither will the list include disclosures we have made with your written authorization, for national security purposes or to law enforcement personnel, disclosure of limited data set, or disclosures made before April 14, 2003.

Your request for a list of disclosures must be made in writing and be addressed to our Medical Records. We will respond to your request within 60 days (or 90 days if the extra time is needed). The list we provide will include disclosures made within the last six years unless you specify a shorter period. The first list you request within a 12-month period will be free. You will be charged our costs for providing any additional lists within the 12-month period.

F. The Right to Get a Paper Copy of This Notice. Even if you have agreed to receive the Notice by e-mail, you have the right to request a paper copy as well. You may obtain a paper copy of this Notice by contacting 406 Roy Martin Rd Suite #9 Gray, TN 37615. The Notice is also available in our clinics.

VI. Complaints. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and address it to our Owner/President. We will not retaliate against you for filing a complaint. You may also contact our Owner/President if you have questions or comments about our privacy practices.

BILL OF RIGHTS AND RESPONSIBILITIES

Patient Rights

The following are the rights of Achieve Health & Wellness's patients:

- The right to be fully informed in advance about the care, treatments, and/or services to be provided, including the disciplines that furnish care and the frequency of visits as well as any modifications to the plan of care.
- The right to be able to identify visiting staff members through proper identification.
- The right to be cared for and choose an organization that adheres to ethical care and business practices.
- The right to be informed of care, treatment, and/or service limitations.
- The right to be involved in his or her care.
- The right to have the plan of care adapted to his or her specific needs and limitations.
- The right to make informed decisions regarding care.
- The right to have their values and preferences, including decisions to refuse care, discontinue care treatments, and services respected.

- The right to confidentiality of the information collected about them and to control access to this information.
- The right to privacy and security and to have their property respected.
- The right to have care, treatments, and services provided in a manner that safeguards each patient's dignity and cultural, psychosocial, and spiritual values.
- The right to be free from mental, physical, sexual, verbal abuse, neglect, and exploitation.
- The right to have a complaint heard, reviewed, and, if possible, resolved.
- The right to be involved in resolving conflicts, dilemmas or ethical issues about care or service decisions.
- The right to formulate advance directives.
- The right to be involved in decisions to withhold resuscitation and decisions to forgo or withdraw life-sustaining care.
- The right to be involved in decisions when the organization's review results in a denial of care, treatment, services, or payment.
- The right to choose whether or not to participate in research, investigational or experimental studies, or clinical trials.
- The right to be communicated with, both directly, and indirectly through other providers, in an ethical and efficient manner.
- The right to help patients, family members, and other care providers understand and exercise their rights.
- The right to be informed of his or her responsibilities in the provision of care, treatments, and services.
- The right to be informed of any obligation Achieve Health & Wellness has under applicable laws and/or regulations.
- The right to have consequences of any requested modifications and actions that are not recommended explained and to have alternative care, treatments, and services explained.
- The right to be provided with information about the charges for which the patient is responsible.
- The right to access, request amendments to, and receive an accounting of disclosures regarding their own health information as permitted under applicable law.
- The right to be informed of any existing or potential conflict of interest, including financial benefits that can affect provision of care when referred to an organization.

Patient Responsibilities

Safety and health care delivery provided is enhanced when Achieve Health & Wellness's patients, as appropriate to their care, are partners in the health care process. Achieve Health & Wellness is entitled to reasonable and responsible behavior on the part of the patients, within his or her capabilities, and their families. The following are defined as the responsibilities for Achieve Health & Wellness's patients:

- Responsibility to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- Responsibility to report perceived risks in their care and unexpected changes in his or her condition.
- Responsibility to help Achieve Health & Wellness understand his or her environment by providing feedback about service needs and expectations.
- Responsibility to ask questions when he or she does not understand care, treatments, and services or expectations.
- Responsibility to follow the care, treatments, and services as planned.
- Responsibility for the outcomes if he or she does not follow Achieve Health & Wellness's care, treatments, and services.
- Responsibility to follow Achieve Health & Wellness's rules and regulations.
- Responsibility to be considerate of Achieve Health & Wellness's staff and property.
- Responsibility to meet any financial obligation agreed to with Achieve Health & Wellness.

By understanding and respecting these values, Achieve Health & Wellness, can meet care, treatment, and service needs and preferences.

ADVANCED DIRECTIVES

As a part of our mission at Achieve Health & Wellness we recognize your right to participate in the formulation of the decisions that may impact your care. This includes respecting your wishes on the level of care you desire when confronted with a health situation. These decision made by you, in a legally appropriate manner defined by the state, are referred to as Advance Directives.

Advanced Directives give direction to your family and healthcare providers regarding your wishes to withhold extraordinary measures to revive you in the event of a cardiac or respiratory emergency. Some examples of these are a Living Will, Durable Power of Attorney, and Do Not Resuscitate order (DNR). In the event that you have already formulated an Advanced Directive, please inform us of your wishes and provide us a written copy of your directions. It is our policy that, unless directed otherwise by an Advanced Directive, any associate who encounters a patient who is unresponsive will call *911* to activate the emergency medical system. At no time can an associate of Achieve Health & Wellness participate in the withdrawal of life support equipment. Medical orders from your doctor are needed in almost every event that we participate.

Should you wish to execute an Advanced Directive, please inform your Physician, attorney, caregiver, and support team of your wishes. If in the future you make a change in your Advanced Directive, please inform us of the changes so that we can update your records at our office.

Your decision regarding whether or not to execute an Advanced Directive will never be a condition of providing care or a basis for discrimination for or against you as a patient.