



NOTICE OF PRIVACY PRACTICES

Effective 05/01/2024

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.

Our Privacy Policy

Connections Wellness Group, a Blended Health Company (the “Company”) and its workforce members are committed to providing you with the highest quality of behavioral healthcare services. Your privacy is important to us, and we are committed to protecting your privacy in accordance with all applicable laws. This notice (“Notice of Privacy Practices”) outlines your rights and our duties under Federal Law. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you.

Our Uses and Disclosures

Uses and disclosures of your PHI may be permitted, required, or authorized. The following categories describe several ways in which we may use and disclose your PHI.

Treatment Staff and Personnel. We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug use, provided such communication is: (i) Within the virtual care team; or (ii) Between the treatment team and other Company offices. For example, our staff, including doctors, nurses, and clinicians, will use your PHI to provide your treatment care. Your PHI may be used in connection with billing statements we send you and in connection with tracking charges and credits to your account. Your PHI will be used to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. We may use and disclose your PHI in order to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.

Secretary of Health and Human Services. We are required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.

Business Associates. We may disclose your PHI to Business Associates that are contracted by us to perform services on our behalf which may involve receipt, use, or disclosure of your PHI. All of



our Business Associates must agree to: (i) Protect the privacy of your PHI; (ii) Use and disclose the information only for the purposes for which the Business Associate was engaged; (iii) Be

bound by 42 CFR Part 2; and (iv) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

Reports of Suspected Child Use and Neglect. We may disclose information required to report under state law incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original patient records, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.

Court Order. We may disclose information required by a court order, provided certain regulatory requirements are met.

Emergency Situations. We may disclose information to medical personnel for the purpose of treating you in an emergency.

Research. We may use and disclose your information for research if certain requirements are met, such as approval by an Institutional Review Board.

Audit and Evaluation Activities. We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

Reporting of Death. We may disclose your information related to cause of death to a public health authority that is authorized to receive such information.

AUTHORIZATION TO USE OR DISCLOSE PHI

Other than as stated above, we will not use or disclose your PHI other than with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use, or disclose your PHI for marketing purposes unless you have provided authorization. While we may refer you to another treatment facility and provide PHI at your written direction, we will never sell your information. If you or your representative authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time to stop future uses or disclosures. We will honor oral revocations upon authenticating your identity until a written revocation is obtained. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Your Rights



When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information within 30 days of your request unless notified otherwise in advance. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may decline the request if it affects your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.



Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Get notified following a breach

- We will notify individuals, either known or reasonably believed to be affected, following a breach of unsecured protected health information.

File a complaint

- If you have a question or wish to file a complaint related to the privacy of your health care information, please call the Privacy Officer at (877) 747-4294, email us at compliance@blendedhealthservices.com, or contact us by mail at:

Connections Wellness Group
Attention: Compliance Department
PO BOX 12008, Fort Smith, Arkansas 72917

- Additionally, you may also file a complaint with the Secretary, Office for Civil Rights of the U.S. Department of Health and Human Services by calling (877) 696-6775, visiting www.hhs.gov/ocr/privacy/hipaa/complaints, submitting an email at OCRComplaint@hhs.gov or by contacting the Secretary by mail at:

200 Independent Avenue
SW Washington, DC 20201

You will not be penalized or otherwise retaliated against in any way for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.



In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

How else can we use or share your health information?

We may be permitted or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet conditions in the law before we can share your information for these purposes.

Changes to the Terms of this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information about you we already have as well as any information we receive in the future. The Notice will contain the effective date. Revisions to our Notice will also be posted on our website.