Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY.

At Avowed Mind Behavioral Health, ("Avowed Mind", "AMBH" "we", "us" or "our") we believe that your health information is personal. We create and keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the health information that identifies you, the care you receive and record of your care generated at/by Avowed Mind Behavioral Health facilities/offices.

Your health information may consist of paper, digital or electronic records but could also includes photographs, videos and other electronic transmissions or recordings that are created during your care and treatment.

This notice will tell you about the ways Avowed Mind Behavioral Health may use and disclose health information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Maintain the privacy and security of your protected health information ("PHI").
- Follow the terms, duties and privacy practices described in this notice and give you a copy of it.
- Not use not use or share your information other than as described here unless you tell us we can in writing. You can change your mind at any time in writing.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website. If you have questions or concerns, please contact Avowed Mind Behavioral Health **Email:** info@avowedmindbehavioral.org **Mailing Address**: 4830 Frank Ave NW North Canton, OH 44720 **Telephone:** 330-313-5656

HOW AVOWED MIND BEHAVIORAL HEALTH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We will use your health information within Avowed Mind Behavioral Health and disclose your health information outside Avowed Mind Behavioral Health for the reasons described in this Notice.

Treatment. We use your health information to provide you with, or arrange for, your health care services. We may disclose your health information to employees, clinical staff or counseling students who need the information to take care of you. This may involve talking to / consultation with clinicians and others not employed by us. We also may disclose your health information to people outside Avowed Mind Behavioral Health who may be involved in your healthcare, such as treating doctors, and family members.

Payment. We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example, we may give information about psychotherapy services you received here to your health plan so it will pay us or reimburse you for the psychotherapy services. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

For Health Care Operations. We may use your health information and disclose it outside Avowed Mind Behavioral Health for our health care operations. These uses and disclosures help us operate Avowed Mind Behavioral Health to maintain and improve patient care. For example, we may use your health information to review the care you received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to other persons at Avowed Mind Behavioral Health for learning and quality improvement purposes. We may remove information that identifies you so people outside Avowed Mind Behavioral Health can study your health data without knowing who you are.

Business Associates. Avowed Mind may disclose your health information to certain persons or organizations who provide services to Avowed Mind Behavioral Health or on our behalf, known as "business associates. "Business associates are required to appropriately protect the privacy and security of your health information.

Contacting You. We may use and disclose health information to reach you about appointments, treatment alternatives, other health care services or benefits we offer and other matters, including fundraising programs and events, research opportunities, our services and other education or patient care activities. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Health-Related Services. We may use and disclose health information about you to send you mailings about health-related products and services available at Avowed Mind Behavioral Health.

Technological Support. Avowed Mind Behavioral Health uses various technologies to support the work that we describe in this Notice. These technologies, which may include artificial intelligence, are used to refine the care we provide, to enhance our operations, and to support our billing services. Use of these technologies are subject to appropriate protections for the privacy and security of your health information

Third Party Sharing & Information We Collect. We do not sell or rent your personal information to third parties. We may share information with third-party service providers who assist in website management, appointment scheduling, or analytics, but only as necessary to perform their functions. We may collect the following information when you interact with our website Name, email address, phone number, and other contact information provided through our forms. Any personal details you voluntarily provide through surveys, contact forms, or appointment requests. IP address, browser type, device information, and browsing behavior (e.g., pages visited, time spent). Cookies and similar technologies that help us analyze website traffic and enhance user experience. You may disable cookies through your browser settings, but doing so may affect the functionality of the website.

Lawsuits and Disputes. If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

If Avowed Mind Behavioral Health or any member of its staff, including clinical staff and therapists, is subpoenaed, court-ordered, or otherwise required to participate in legal proceedings related to your care or your child's care, fees will be charged for all time spent responding to such requests. Billable services may include, but are not limited to, preparation or review of records, preparation of written reports or summaries, consultation or communication with attorneys, travel time, waiting time, and participation in depositions or court testimony. These services will be billed at the current hourly rate of $200.00 per hour. Any court appearance will require a minimum fee of $1600.00 which must be paid in advance. Additional charges may apply for required court attendance, waiting time, or extended hours.

Payment for anticipated legal services may be required in advance. Legal-related services are not covered by insurance and remain the financial responsibility of the client or the requesting party. **For additional details regarding billing and financial responsibility for legal services, please see our Financial Responsibility Policy.**

AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES

As described above, we will use your health information and disclose it outside Avowed Mind Behavioral Health for treatment, payment, health care operations, and when required or permitted by law. We do create and keep psychotherapy notes as that term is defined in 45 CFR § 164.501, and most use or disclosure of such notes requires your Authorization, some disclosures do not please see *"Certain uses and disclosures do not require you authorization"* for important additional information

Marketing purposes, and disclosures that constitute a sale of health information require your written authorization. These kinds of uses and disclosures of your health information will be made only with your written authorization. You may revoke the authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

We do create and keep psychotherapy notes as that term is defined in 45 CFR § 164.501. These notes are subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

- Service delivery in treating you
- Public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- Used in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- Use in defending Avowed Mind Behavioral Health, any member of its staff, including clinical staff and therapists, and board members in legal proceedings instituted by you.
- Use by the Secretary of Health and Human Services to investigate Avowed Mind Behavioral Health, any member of its staff, including clinical staff and therapists, and board members in compliance with HIPAA.
- For workers' compensation purposes. Although our preference is to obtain an Authorization from you, We may provide your PHI in order to comply with workers' compensation laws.
- Required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- Required by law for certain health oversight activities, including audits and investigations, this may be pertaining to the originator of the psychotherapy notes
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.
- For judicial and administrative proceedings, including responding to a court or administrative order although our preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter, intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING HEALTH INFORMATION

Right to Accounting. You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom Avowed Mind Behavioral Health has disclosed your health information without your written authorization. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures, not longer than six (6) years before your request, and the Avowed Mind Behavioral Health facility that maintains the records you are requesting. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to Avowed Mind Behavioral Health at the mailing address and contact information listed at the end of this document. We will respond to you within 60 days. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. We will give you the first listing within any 12-month period free of charge, but we may charge you for all other accountings requested within the same 12 months.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the Avowed Mind Behavioral Health facility that maintains those records, and give the reason for your request. We may deny your request; if we do, we will tell you why in writing Avowed Mind Behavioral Health will respond to you within 60 days. You must address your request to Avowed Mind Behavioral Health mailing address and contact information are listed at the end of this document.

Right to Inspect and Obtain Copy

You have the right to inspect and obtain a copy of your completed health records with certain exceptions. For example psychotherapy notes are not included. Your request to inspect or obtain a copy of the records must be submitted in writing, signed, and dated, to Avowed Mind Behavioral Health address listed at the end of this document. We may charge a fee for processing your request. If Avowed Mind Behavioral Health denies your request to inspect or obtain a copy of the records, you may appeal the denial in writing to the Avowed Mind Behavioral Health. You can ask to see or get an electronic or paper copy of your medical record and other health information Avowed Mind Behavioral Health has about you. The Avowed Mind Behavioral Health mailing address and contact information are listed at the end of this document.

Right to Request Restrictions

You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations. We do not have to agree in most circumstances. We will not agree if granting your request would be harmful or compromise your care. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures to a health plan of your health information relating solely to that item or service, we will agree unless a law requires us to share that information. You also may ask us

to limit the health information that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree.

A request for a restriction must be signed and dated, and you must identify the Avowed Mind Behavioral Health office or facility that maintains the information. The request should also describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to Avowed Mind Behavioral Health. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Avowed Mind Behavioral Health mailing address and contact information are listed at the end of this document

Right to choose how PHI is sent to you. You have the right to request that we communicate with you about your health in a specific way (such as phone or email, or send mail to a specific location). We will agree to all reasonable requests. Your request for confidential communications must be in writing, signed, and dated. It must identify the Avowed Mind Behavioral Health office or facility making the confidential communications and specify how or where you wish to be contacted. You must send your written request to Avowed Mind Behavioral Health mailing address and contact information are listed at the end of this document.

Right to a paper copy of this Notice. You have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

CHANGES TO THIS NOTICE

Avowed Mind Behavioral Health may change this Notice at any time. Any change in the Notice could apply to health

information we already have about you, as well as any information we receive in the future. We will

post a copy of the current Notice at each of our facilities and on our website,

https://my.clevelandclinic.org/about/website/privacy-practices.

QUESTIONS

If you have questions about this Notice, you may call the Avowed Mind Behavioral Health Office of at 330-313-4148 at Mail should be addressed to Avowed Mind Behavioral Health 4830 Frank Ave NW North Canton, OH 44720.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received, read and understood a copy of HIPAA Notice of Privacy Practices.