



NOTICE OF PRIVACY PRACTICES

SAPPHIREHEALTH, LLC

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.

We are required by law to provide you with this notice explaining **SAPPHIREHEALTH, LLC** privacy practices with regard to your medical information and how we may use and disclose your protected health information (PHI) for treatment, payment and health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your PHI and we also describe those rights in this Notice.

SAPPHIREHEALTH, LLC reserves the right to change the provisions of our Notice and make new provisions effective for all PHI we maintain. If **SAPPHIREHEALTH, LLC** makes a material change to our Notice, we will post the changes promptly on our website at www.sapphire-health.com.

What is Protected Health Information?

Protected Health Information (PHI) consists of individually identifiable health information, which may include demographic information **SAPPHIREHEALTH, LLC** collects from you or creates or receives from a health care provider, a health plan, your employer or a healthcare clearinghouse and that relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

Effective Date

This Notice of Privacy Practices became effective on April 14, 2003.

WAYS WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We may also disclose your health information to other provider who may be treating you. Additionally we may disclose your health information to another provider who has been requested to be involved in your care. For example, your PHI may be disclosed to doctors, nurses, technicians or other personnel, including individuals outside of our company, who are involved in your medical care.

Payment

We may use and disclose your PHI to obtain payment for the health care services we provide to you. For example, your PHI may be disclosed to your health plan so they will pay for services rendered.

Health Care Operations

We may use and disclose your PHI to support the business activities of our company. In addition, we may disclose your health information to third party Business Associates who perform various services for our company. For example, your PHI may be disclosed to review and evaluate our treatment and services or to evaluate our staff's performance.

Business Associates

We may disclose PHI to our Business Associates that perform functions on our behalf. Business Associates are required to appropriately safeguard all PHI. Business Associate Agreements are in place and have been amended to ensure that all safeguards, policies and procedures, and documentation requirements apply directly to the Business Associates.

Personal Communications

We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law

We may use and disclose your PHI when required to by federal, state or local law provided the use or disclosure complies with and is limited to the relevant requirements of such law.

Law Enforcement

We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena.

Judicial and Administrative Proceedings

If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you 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 requested PHI.

Public Health

We may use and disclose your PHI to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury or disability.

Food and Drug Administration (FDA)

We may disclose to the FDA or its agents PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.

Health Oversight Activities

We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

Worker's Compensation

We may use and disclose your PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

USES AND DISCLOSURES THAT REQUIRE YOU TO BE GIVEN THE OPPORTUNITY TO OBJECT OR OPT OUT

Others Involved in Your Care

Unless you object, we may disclose relevant portions of your PHI to a member of your family, a relative, a close friend or any other person you identify as being involved in your medical care or payment of care. We may disclose such information as necessary if we determine it is in your best interest based on our professional judgment. You will be given the opportunity to agree or object to future disclosures after the fact if necessary.

Emergencies/Disaster Relief

We may disclose your PHI in emergencies and to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. You will be given the opportunity to agree or object to future disclosures after the fact if necessary.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Marketing

PHI for marketing purposes will only be disclosed with the individual's written authorization.

Sale of PHI

Disclosure that constitutes a sale of PHI will only be disclosed with the individual's written authorization.

USES AND DISCLOSURES NOT COVERED BY THIS NOTICE

Uses and disclosures of your Protected Health Information not covered by this notice or the laws that apply to us will only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

INDIVIDUAL RIGHTS

Breach Notification

We are required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. The notice must: (1) contain a brief description of what happened, including the date of the breach and the date of discovery; (2) the steps the individual should take to protect themselves from potential harm resulting from the breach; (3) A brief description of what we are doing to investigate the breach, mitigate losses and to protect against further breaches.

Cash Patients/Clients

If a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

Access to e-Health Records

If your PHI is maintained in an electronic format, you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. If your PHI is not readily producible in an electronic format, your record will be provided in hardcopy form. We may charge you a reasonable fee for the labor associated with transmitting the electronic record.

Request an Amendment

You have the right to request that we amend your medical information if you feel it is incomplete or inaccurate. You must make this request in writing to our HIPAA Privacy Officer, stating what information is incomplete or inaccurate and the reasoning that supports your request.

Request Restrictions

You have the right to request a restriction of how we use or disclose your PHI for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose to individuals involved in your care or the payment of our care. Your request must be made in writing to our HIPAA Privacy Officer.

Inspect and Copy

You have the right to inspect and copy the PHI that we maintain about you for as long as we maintain that information. This information includes your medical billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying, by law. We have the right to



charge you a fee for the costs of copying these documents. If you wish to inspect or copy your PHI, you must submit your request in writing to our HIPAA Privacy Officer.

Accounting of Disclosures

You have the right to request a list of the disclosures of your PHI we have made outside of our facility that were not for treatment, payment or health care operations. Psychotherapy notes (for most uses and disclosures) will only be used and disclosed with the individual's authorization, in compliance with Federal Law. Your request must be submitted in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a time period greater than 6 years (our legal obligation to retain information).

Request Confidential Communications

You have the right to request how we communicate with you to preserve your privacy. Your request must be made in writing and must specify how or where we are to contact you. We will do our best to accommodate all reasonable requests.

Copy of This Notice

You have the right to a paper copy of this notice. You may request a copy of this notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint with our facility directly or directly to the Secretary of the Department of Health and Human Services. To file a complaint with our facility, you must make it in writing within 180 days of the suspected violation and send it to our HIPAA Privacy Officer.

If you have any questions or complaints, please contact:

Cortland G. Kalanavich, RHIA

HIPAA Privacy Officer

645 Kolter Drive

Indiana, PA 15701

1-800-882-6337 x1057

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