

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.

Effective Date: March 15, 2022

Modern Minds is required by law to maintain the privacy of your health information in accordance with federal and state law. This Notice of Privacy Practices ("Notice") outlines our legal duties and privacy practices with respect to health information. We are required by law to provide you with a copy of this Notice and to notify you following a breach of your unsecured health information. Modern Minds may provide health care through health care providers who are contracted with Modern Minds. All such Modern Minds health care providers have agreed to be bound by this Notice.

We will abide by the terms of the Notice. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed on the first page. If we change this Notice, you can access the revised Notice on our website (www.modern-minds.com) or from the receptionist at 40 Calhoun Street, Suite 240, Charleston, SC 29401.

You have the right to file a complaint if you believe your privacy rights have been violated. If you would like to file a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: Modern Minds, Attn: Privacy Officer, 40 Calhoun Street, Suite 240, Charleston, SC 29401 or by contacting our Privacy Officer by telephone at 843-531-9036 or by email at hburgett@modern-minds.com. You also have the right to complain to the Secretary of the United States Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:

The following categories describe the ways that we may use and disclose your health or medical information (also referred to as PHI) without your written authorization.

- A. **The following uses do NOT require your authorization, except where required by South Carolina law:**
1. **For treatment.** Your PHI may be discussed by caregivers to determine your plan of care. For example, the physicians, psychologists, nurses, wellness mentors, students/interns and other health care personnel may share PHI in order to coordinate the services you may need.

2. **To obtain payment.** We may use and disclose PHI to obtain payment for our services from you, an insurance company or a third party. For example, we may use the information to send a claim to your insurance company.
3. **For health care operations.** We may use and disclose PHI for hospital and/or clinic operations. For example, we may use the information to review our treatment and services and to evaluate the performance of our staff in caring for you.
4. **Business Associates.** Your medical information could be disclosed to people or companies outside our health system, known as “Business Associates,” who provide services to us to facilitate our health care operations. These Business Associates are required to sign an agreement with us to protect the privacy of your information and are not allowed to use or disclose your information other than as specified in our written agreement with them.
5. **For public health activities.** We report to public health authorities, as required by law, information regarding births, deaths, various diseases, reactions to medications and medical products.
6. **Victims of abuse, neglect, domestic violence.** Your PHI may be released, as required by law, to the South Carolina Department of Social Services when cases of abuse and neglect are suspected.
7. **Health oversight activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. For example, we may disclose PHI to assist the government or other health oversight agency with activities, including federal or state audits; civil, administrative or criminal investigations; inspections; or licensure or disciplinary actions, as required by law.
8. **Judicial and administrative proceedings.** Your PHI may be released in response to a subpoena or court order.
9. **Law enforcement or national security purposes.** Your PHI may be released as part of an investigation by law enforcement or for continuum of care when in the custody of law enforcement. We may also disclose your health information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.
10. **Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by military command authorities.
11. **Uses and disclosures about patients who have died.** We may provide medical information to coroners, medical examiners and funeral directors so they may carry out their duties.
12. **For purposes of organ donation.** As required by law, we will notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
13. **Research.** We may use and disclosure your medical information for research purposes. Most research projects are subject to Institutional Review Board (IRB) approval. The law allows some research to be done using your medical information without requiring your written approval.

14. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may release limited information to law enforcement personnel or persons able to prevent or lessen such harm.
15. **For workers compensation purposes.** We may release your PHI to comply with workers compensation laws.
16. **Fundraising activities.** We may use your PHI to communicate with you to raise funds to support health care services and educational programs we provide to the community. You have the right to opt out of receiving fundraising communications with each solicitation.
17. **Appointment reminders and other health-related information, benefits and services.** We may contact you with a reminder that you have an appointment or to provide you with information about support groups, treatment alternatives or other health-related benefits and services that may be of interest to you.

B. You may object to the following uses or disclosures of PHI:

1. **Information shared with family, friends or others.** Unless you tell us not to, we may release your PHI to a family member, friend, or other person involved with your care or the payment for your care. We may also disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition and location. You may have the opportunity to object to such disclosure unless it would impede our ability to respond to emergency circumstances.
2. **Health plan.** You have the right to request that we not disclose certain PHI to your health plan for health services or items when you pay for those services or items in full.

Please be aware that state and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose certain of your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we may be required by law to obtain your written permission to use and/or disclose your mental illness, developmental disability, or alcohol or drug abuse treatment records, HIV, STD, or other communicable disease related information, or your genetic test results in certain situations.

OTHER USES AND DISCLOSURES:

Incidental Uses and Disclosures.

Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.

Specific Uses and Disclosures of Information Requiring Your Authorization.

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Psychotherapy Notes:** We usually do not maintain psychotherapy notes about you. If we do, we will not use and disclose your psychotherapy notes without your written authorization except as otherwise permitted by law.
- **Marketing:** We will not use or disclose your health information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Health Information:** We will not sell your health information without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing a use or disclosure of your health information, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify us in writing at Modern Minds, Attn: Privacy Officer, 40 Calhoun Street, Suite 240, Charleston, SC 29401 or by contacting our Privacy Officer by telephone at 843-531-9036 or by email at hburgett@modern-minds.com.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

This section describes your rights regarding the health information we maintain about you. All requests or communications to us to exercise your rights discussed below must be submitted in writing to Modern Minds, Attn: Privacy Officer, 40 Calhoun Street, Suite 240, Charleston, SC 29401 or by email at hburgett@modern-minds.com.

Right to Request Restrictions. You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or health care operations activities. However, we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate your health information to you in a certain manner or at a certain location. For example, you may wish to receive information about your health status through a written letter sent to a private address. We will grant reasonable requests. We will not ask you the reason for your request.

Right to Inspect and Copy. You have the right to inspect and receive a copy of your health information. We may charge you a fee as authorized by law to meet your request. You may request

access to your health information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have a right to request that we amend or correct your health information that you believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your health information, you must make your request in writing and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we make of your health information. Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A paper copy of this Notice can be obtained from the receptionist at 40 Calhoun Street, Suite 240, Charleston, SC 29401 and is also available at our website at www.modern-minds.com.

CONTACT INFORMATION:

If you have questions or concerns about your privacy rights, or the information contained in this Notice, please contact the Modern Minds Privacy Officer at Modern Minds, Attn: Privacy Officer, 40 Calhoun Street, Suite 240, Charleston, SC 29401, by telephone at 843-531-9036, or by email at hburgett@modern-minds.com.