



NOTICE OF PRIVACY PRACTICES

Effective Date: September 2, 2019.

This Notice of Privacy Practices (this “Notice”) explains how The Missing Peace, Inc. (“we” or “us”) may use and disclose medical information and how you can gain access to this information. This Notice is being provided to you as a requirement of federal law, the Health Insurance Portability and Accountability Act (“HIPAA”). Please review this policy carefully.

During the provision of our services, we may gather information about your medical history and your current health and make a record that contains such information. This record may contain your health history, current symptoms, examination, and test results, diagnoses, treatment, and plan for future care or treatment. This information is referred to as “Protected Health Information” or “PHI.” Protected Health Information 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 and related healthcare services. This Notice describes how we may use and disclose your PHI to carry out treatment, payment or our operations and for other purposes that are permitted or required by law. It also describes your privacy rights regarding your protected health information.

We are required by law to meet the requirements of this Notice with respect to your PHI and maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing.

We may update this Notice from time to time. We will provide you with a current copy of this Notice on request; you may also obtain a current copy at our office, on our website at www.the-missing-peace.net or by calling us at (786) 290 6269.

I. Uses and Disclosures

The following categories describe examples of the way we use and disclose PHI:

- A. For Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. We may also disclose PHI to physicians who may be treating you or consulting with us with respect to your care. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.
- B. FOR PAYMENT.** Your PHI will be used, only as needed, to obtain payment for the services that we provide. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities.
- C. OPERATIONS.** We may use or disclose your PHI, as necessary, for our own operations to facilitate the function of our facility and to provide quality care to all customers. Such operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities.
- D. Other Uses and Disclosures.** As part of treatment, payment and operations, we may also use or disclose your PHI for the following purposes: to remind you regarding scheduling matters, to inform you of potential treatment alternatives or options, to inform you of health-related benefits or services that may be of interest to you, or to contact you to raise funds for us or an institutional foundation related to us. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer (as defined below).

II. Uses and Disclosures Beyond Treatment, Payment, and Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

- A. When Legally Required.** We will disclose your PHI when we are required to do so by any federal, state or local law.
- B. When There Are Risks to Public Health.** We may disclose your PHI for the following public activities and purposes:
 - To prevent, control, or report disease, injury or disability as permitted by law.
 - To report vital events such as birth or death as permitted or required by law.
 - To conduct public health surveillance, investigations and interventions as permitted or required by law.
 - To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance.
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 - To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

C. To Report Suspected Abuse, Neglect Or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information under this authority if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

E. In Connection With Judicial And Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if we have a suspicion that your health condition was the result of criminal conduct.
- In an emergency to report a crime.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

H. For Research Purposes. We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board that has reviewed the research proposal and research protocols to address the privacy of your PHI.

I. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions. In certain circumstances, federal regulations authorize us to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation. We may release your health information to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures Permitted without Authorization but with Opportunity to Object

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in the services we provide you. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.

IV. Uses and Disclosures which you Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information:

A. The right to inspect and copy your PHI. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or

administrative action or proceeding; and PHI that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to have a decision to deny access reviewed. We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical record.

B. The right to request a restriction on uses and disclosures of your PHI. You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative location or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to request amendments to your PHI. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your PHI made by us. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost based fee.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

G. Final modifications made to the Privacy, Security and Enforcement rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act are as follows:

- You have the right to be notified of a data breach.
- You have the right to ask for a copy of your electronic medical record in electronic form.
- If you pay in cash in full (out of pocket) for our services, you can instruct us not to share information about the same with your health plan.

VI. Our Duties

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain.

VII. Complaints

Any individual, including you, has the right to express complaints to the Secretary of Health and Human Services and us if you believe that your privacy rights have been violated. Any individual, including you, may submit a complaint to us by contacting our Privacy Officer verbally or in writing, using the contact information below. We encourage any individual, including you, to express any concerns regarding the privacy of PHI. You or any other individual will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

Our contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer, Jennifer Rapp. Information regarding matters covered by this Notice can be requested by contacting our Privacy Officer. If you feel that your privacy rights have been violated by us you may submit a complaint to our Privacy Officer by sending it to Jrapp@the-missing-peace.net.