HIPPA 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: 09/11/2021

1. PURPOSE

Albers Therapy Group, Inc. ("**Albers Therapy Group**," "**us**," or "**we**") respect your privacy and are committed to maintaining the confidentiality of your medical information. We are also legally required to maintain the privacy of your protected health information ("**PHI**") under the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**") and other federal and state laws. We follow state privacy laws when they are stricter or more protective of your PHI than federal law.

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices ("**Notice**"). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

2. SUMMARY

This is a summary of how we may use and disclose your PHI and your rights and choices when it comes to your information. We will explain these in more detail on the following pages.

2.1. Our Uses and Disclosures.

We may use and disclose your information in the following ways:

- Treat you.
- Bill for services.
- Run our organization.
- Do research.
- Comply with the law.
- Address workers' compensation, law enforcement, or other government requests.
- Respond to lawsuits and legal actions.

2.2. Your Choices.

You have some choices about how we use and share information as we:

- Communicate with you.
- Tell family and friends about your condition.
- Provide disaster relief.
- Provide mental health care.
- Market our services.

2.3. Your Rights.

You have the right to:

- Ask us to limit the information we share, in some cases.
- Request confidential communication.
- Receive a copy of your paper or electronic protected health information.
- Correct your protected health information.
- Receive a list of those with whom we've shared your information.
- Receive a copy of this privacy notice.
- File a complaint if you believe we have violated your privacy rights.

3. CONTACT

If you have any questions about this notice, please contact us at:

Albers Therapy Group, Inc.

6965 El Camino Real Suite 105-575, Carlsbad, CA 92009

https://www.alberstherapygroup.com/

(760) 237-8392

info@alberstherapygroup.com

4. PHI DEFINED

Your PHI is health information about you from which someone may identify you and from which we keep or transmit in electronic, oral, or written form. Your PHI includes information such as: your name; contact information; past, present, or future physical or mental health or medical conditions; payment for health care products or services; or prescriptions.

5. SCOPE

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate.

We follow, and our employees and other workforce members follow, the duties and privacy practices that this Notice describes and any changes once they take effect.

6. CHANGES TO THIS NOTICE

We are required by law to abide by the terms of the notice currently in effect. However, we reserve the right to change the terms of the notice and to make the new notice provisions effective for all PHI that we maintain. The new notice will be available on our website.

We must promptly revise and distribute our notice whenever there is a material change to the uses or disclosures, individual's rights, Albers Therapy Group's legal duties, or other privacy practices stated in the notice. Except when required by law, a material change to any term of the notice may not be implemented prior to the effective date of the notice in which such material change is reflected

7. DATA BREACH NOTIFICATION

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive such notices electronically. In certain limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form

8. USES AND DISCLOSURES OF YOUR PHI

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some illustrative examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose.

8.1. Uses and Disclosures for Treatment, Payment, or Health Care Operations.

- **Treatment.** We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or other hospital personnel involved in your care. For example, we might disclose information about your overall health condition with physicians who are treating you for a specific injury or condition.
- **Payment.** We may use and disclose your PHI to bill and get payment from health plans or others. For example, we share your PHI with your health insurance plan so it will pay for the services you receive.
- **Health Care Operations.** We may use and disclose your PHI to run our practice and improve your care. For example, we may use your PHI to manage the services you receive or to monitor the quality of our health care services.

8.2. Other Uses and Disclosures.

We may share your information in other ways, usually for public health or research purposes or to contribute to the public good. For more information on permitted uses and disclosures, see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, these other uses and disclosures may involve:

- **Our Business Associates.** We may use and disclose your PHI to certain outside persons or entities that perform certain services on our behalf, such as auditing, legal, or transcription ("**Business Associates**"). The law requires our business associates and their subcontractors to protect your PHI in the same way we do. We also contractually require these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Legal Compliance.** For example, we will share your PHI if the Department of Health and Human Services requires it when investigating our compliance with privacy laws.
- **Public Health and Safety Activities.** For example, we may share your PHI to:
  - report injuries, births, and deaths;
  - prevent disease;
  - report adverse reactions to medications or medical device product defects;
  - report suspected child neglect or abuse or domestic violence; or
  - avert a serious threat to public health or safety.
- **Responding to Legal Actions.** For example, we may share your PHI to respond to:
  - a court or administrative order or subpoena;
  - discovery request; or
  - other lawful process.
- **Research.** For example, we may share your PHI for certain types of health research that do not require your authorization.
- **Medical Examiners or Funeral Directors.** For example, we may share PHI with coroners, medical examiners, or funeral directors when an individual dies.
- **Organ or Tissue Donation.** For example, we may share your PHI to arrange an authorized organ or tissue donation from you or a transplant for you.
- **Workers' Compensation, Law Enforcement, or Other Government Requests.** For example, we may use and disclose your PHI for:
  - workers' compensation claims;
  - health oversight activities by federal or state agencies;
  - law enforcement purposes or with a law enforcement official; or
  - specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.

9. 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, please contact us and we will make reasonable efforts to follow your instructions.

You have both the right and choice to tell us whether to:

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

We may share your information if we believe it is in your best interest, according to our best judgment, and:

- If you are unable to tell us your preference, for example, if you are unconscious.
- When needed to lessen a serious and imminent threat to health or safety.

10. USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION

In the following cases, we will only share your information with valid authorization for its use or disclosure of PHI:

- Use or disclosure of psychotherapy notes
- Marketing our services.
- Selling or otherwise receiving compensation for disclosing your PHI.

Other uses and disclosures not described in the notice will be made only with the individual's written authorization.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

11. YOUR RIGHTS

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

You have the right to:

- **Request Additional Restrictions.** You have the right to ask us to limit what we use or share about your PHI (**right to request restrictions**). You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons involved in your care. For these requests:
    - subject to specific restriction, we are not required to agree;
    - we may say “no” if it would affect your care; and
    - we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you or another person, other than the health plan, paid in full out-of-pocket, if it is not otherwise required by law.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For

example, you can ask that we only contact you at work or at a specific address. For these requests:

- you must specify how or where you wish to be contacted; and
- we will accommodate reasonable requests.

- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you (**right to request access**).
  - we may require requests for access in writing;
  - you may request an inspection and obtain a copy by contacting info@alberstherapygroup.com, or by in person request.
  - subject to specific exception, we must act on a request for access no later than thirty (30) days after receipt of the request
- **Make Amendments.** You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or inaccurate.
  - we will act on your request for an amendment no later than sixty (60) days after receipt of such a request
- **Request an Accounting of Disclosures.** You have the right to request an accounting of certain PHI disclosures that we have made. For these requests:
  - we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make);
  - we will act on your request for an accounting, no later than sixty (60) days after receipt of such a request; and
  - we'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.
- **Inspect and Obtain a Copy of Your PHI.** You have the right to see or obtain an electronic or paper copy of the PHI that we maintain about you (**right to request access**).
  - you may inspect and/or obtain a copy by contacting info@alberstherapygroup.com, or by in person request.
- **Make Complaints.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
  - directly with us by contacting info@alberstherapygroup.com; or
  - with the Office for Civil Rights at the U.S. Department of Health and Human Services.

ALBERS
THERAPY GROUP

HIPPA Notice of Privacy Practice Acknowledgment of Receipt Form

I _____ (individual's name) acknowledge that I have received on _____ (date), the HIPAA Notice of Privacy Practices (the "**Notice**") from Albers Therapy Group, Inc. and that I have been provided an opportunity to review it. I understand that:

- I have certain rights to privacy regarding my protected health information.
- Albers Therapy Group, Inc. can and will use my health information for purposes of my treatment, payment for treatment, and health care operations.
- The Notice explains in more detail how Albers Therapy Group, Inc. may use and share my protected health information for other purposes.
- I have the rights regarding my PHI listed in the Notice.
- Albers Therapy Group, Inc. has the right to change the Notice from time to time and I can obtain a current copy of the Notice by contacting info@alberstherapygroup.com listed in the Notice.

Name: _____ Date: _____

Signature: _____ Date of Birth: _____

Relationship to Patient: _____

FOR OFFICE USE ONLY:

Good Faith Effort to Obtain Acknowledgement Form

Name of Patient: _____

Date of Birth: _____

I attempted to obtain patients (or the representative of the patient) signature on the HIPAA Notice of Privacy Practices Acknowledgment Form, but was unable to do so, as documented below:

Reason: _____

Name: _____ Date: _____

Signature: _____