



Notice of ARA Patient Privacy Policy

At ARA we understand that information about you and your health is very personal. Therefore, we will only use and disclose your personal health information (“PHI”) as allowed by law. We are committed to excellence in the provision of state-of-the-art mental health care services. Therefore, as described below, your health information will be used to provide your care. We train our staff to be sensitive about privacy and to respect the confidentiality of your PHI. We are required by law to maintain the privacy of our patients’ PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice (“Notice”) so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all PHI maintained by us. You may receive a copy of any revised notice at our office, or our web site.

Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records.

The confidentiality of alcohol and drug abuse treatment records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.

USES AND DISCLOSURES OF YOUR PHI The following categories describe the ways we may use or disclose your PHI without your consent or authorization. For each category, we will give you illustrative examples.

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

Treatment: We use and disclose your PHI as necessary for your treatment. For instance, doctors, therapists, and other professionals involved in your care – may use information in your medical record that may include procedures, medications, tests, etc. to plan a course of treatment for you.

Payment: We use and disclose your PHI as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to prepare a bill to send to you or to the person responsible for your payment.

Health Care Operations: We use and disclose your PHI for health care operations. This is necessary to operate ARA, including by ensuring that our patients receive high quality care and that our health care professionals receive superior training. For example, we may use your PHI to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff. Your health information may also be disclosed to doctors, therapists and staff for education and training purposes. The

sharing of your PHI for treatment, payment, and health care operations may happen electronically. Electronic communications enable fast, secure access to your information for those participating in and coordinating your care to improve the overall quality of your health and prevent delays in treatment. Health Information Exchanges: ARA may participate in initiatives to facilitate this electronic sharing, including but not limited to Health Information Exchanges (HIEs) which involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. Patients may opt-out of some of these electronic sharing initiatives, such as HIEs. ARA will use reasonable efforts to limit the sharing of PHI in such electronic sharing initiatives for patients who have opted-out. If you wish to opt-out, please contact your doctor or therapist.

Appointments and Services. We may use your PHI to remind you about appointments with your written authorization by phone, text message or email.

Business Associates. We may contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization. Subject to conditions specified by law, we may release your PHI: • for any purpose required by law; • for public health activities, such as required reporting of disease, injury, birth and death, and for required public health investigations; • to certain governmental agencies if we suspect child abuse or neglect, or if we believe you to be a victim of abuse, neglect, or domestic violence; • to entities regulated by the Food and Drug Administration, if necessary, to report adverse events, product defects, or to participate in product recalls; • to your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety. In most cases you will receive notice that your PHI is being disclosed to your employer; • if required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions; • in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public; • if required to do so by a court or administrative order, subpoena, or discovery request. In most cases you will have notice of such release; • to law enforcement officials, including for purposes of identifying or locating suspects, fugitives, witnesses, or victims of crime, or for other allowable law enforcement purposes; • to coroners, medical examiners, and/or funeral directors; • if you are a member of the military for



activities set out by certain military command authorities as required by armed forces services. We may also release your PHI, if necessary, for national security, intelligence, or protective services activities; and • if necessary for purposes related to your workers' compensation benefits.

Your Authorization. Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use or disclosure. The form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke your authorization in writing, except to the extent we have already relied upon it. These situations can include: • uses and disclosures of psychotherapy notes • uses and disclosures of PHI specially protected by state and/or Federal law and regulations;

RIGHTS THAT YOU HAVE Access to Your PHI. Generally, you have the right to access, inspect, and/or receive paper and/or electronic copies of certain PHI that we maintain about you. Requests for access must be made in writing and be signed by you or, when applicable, your personal representative. We will charge you for a copy of your medical records in accordance with a schedule of fees under federal and state law. You may obtain the appropriate form from the ARA office.

Amendments to Your PHI. You have the right to request that PHI that we maintain about you be amended or corrected. Requests for amendment must be made in writing and signed by you or, when applicable, your personal representative and must state the reasons for the amendment/correction request. We are not obligated to make all requested amendments but will give each request careful consideration. If we grant your amendment request, we may also reach out to other prior recipients of your information to inform them of the change. Please note that even if we grant your request, we may not delete information already documented in your medical record. You may obtain the appropriate form from the doctor's office or entity where you received services.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI, except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include only those disclosures made in the six years prior to the date on which the accounting is requested. Requests must be made in writing and signed by you or, when applicable, your personal representative. The first accounting in any 12-month period is free; you will be charged a reasonable, cost-based fee for each subsequent accounting you request within a 12-month period. You may obtain the appropriate form from the ARA office.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. We

are not required to agree to your restriction request, unless otherwise described in this notice, but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination. The appropriate form can be obtained from the ARA and must be signed by you or, when applicable, your personal representative.

Restrictions on Disclosures to Health Plans. You have the right to request a restriction on certain disclosures of your PHI to your health plan. We are required to honor such requests for restrictions only when you or someone on your behalf, other than your health plan, pays for the health care item(s) or service(s) in full. Such requests must be made in writing and signed by you and, when applicable, your personal representative. You may obtain the appropriate form from the ARA office.

Confidential Communications. You have the right to request communications regarding your PHI from us by alternative means and we will accommodate reasonable requests by you. You, or when applicable, your personal representative must request such confidential communication in writing to each department to which you would like the request to apply. You may obtain the appropriate form from the ARA office or entity where you received services.

Breach Notification. We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

Paper Copy of Notice. As a patient, you have the right to obtain a paper copy of this Notice. You can also find this Notice on our website at: <http://www.araprinceton.com>.

ADDITIONAL INFORMATION Complaints. If you believe your privacy rights have been violated, you may file a complaint in writing with the ARA office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, DC. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

For Further Information. If you have questions or need further assistance regarding this Notice, you may contact the ARA Office Manager by telephone at (609) 419-0400 or by e-mail at info@araprinceton.com.

This Notice effective 6/10/19