

Effective Date: 12/11/14

ASPIRE HEALTH PARTNERS 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.

Aspire Health Partners ("Aspire") uses protected health information about you for treatment, to obtain payment for treatment, and for health care operation purposes. Protected health information is health information that identifies you or could be used to identify you that we collect from you, and that is created or received by us, and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the past, present or future payment for the provision of health care services to you. Your protected health information is contained in a clinical record that is the physical property of Aspire. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

HOW ASPIRE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

For Treatment. Aspire may use your health information to provide you with clinical treatment or services, and to coordinate and manage such services. For example, but without limitation, information obtained by a doctor, ARNP, nurse, clinician, intern or other persons involved in taking care of you will be recorded in your clinical record; members of our staff may review your clinical record in the course of providing you with clinical treatment or other services; and members of our staff may discuss your health information with each other or other health care providers in the course of providing you with clinical treatment and services.

For Payment. We may use and disclose protected health information about you so the treatment and services you receive at Aspire may be billed to and payment collected from you, an insurance company or a third party. For example, but without limitation, we may need to give your health plan information about treatment you received at Aspire so your health plan will pay us or reimburse you for the treatment, or about a treatment you are going to receive in order to obtain prior approval or to determine whether your health plan will cover the treatment.

For Health Care Operations. Aspire may use and disclose health information about you for operational purposes. For example, but without limitation, your health information may be disclosed to or used by members of our clinical staff, quality improvement personnel, and others to:

- ◆ Evaluate the performance of our staff;
- ◆ Assess the quality of care and outcomes in your case and similar cases;
- ◆ Learn how to improve our facilities and services; and
- ◆ Determine how to continually improve the quality and effectiveness of the health care we provide,

Appointment Reminders. We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment at Aspire.

Research/Program Evaluation. Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with client's need for

privacy of their protected health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may, however, disclose protected health information about you to people preparing to conduct a research project, for example to help them look for patients with specific clinical needs, so long as the protected health information they review does not leave Aspire. We will also always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Aspire.

As Required By Law. We may use and disclose protected health information about you as required by law.

To Avert a Serious Threat to Health or Safety. We may use or disclose protected health information about you when we believe in good faith it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone reasonably able to prevent or lessen the threat.

Victims of Abuse, Neglect, or Domestic Violence. We may disclose protected health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will disclose such information if required by law, if you agree to such disclosure, or if disclosure is authorized by law and we believe disclosure is necessary to prevent serious harm to you or other potential victims.

Fundraising. Aspire may contact you as part of its own fundraising efforts. You have the right to opt out of receiving these fundraising communications.

SPECIAL SITUATIONS

Workers' Compensation. We may release protected health information about you as authorized by and to the extent necessary to comply with laws regarding workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities. We may disclose protected health information about you for public health activities. These activities include, without limitation, the following:

- ◆ To prevent or control disease, injury or disability;
- ◆ To report child abuse or neglect;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of recalls of products they may be using;
- ◆ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- ◆ To notify your employer about the results of an evaluation relating to workplace medical surveillance or work-related illness or injury, if we are providing related care at your employers request;
- ◆ To provide your school with proof of immunization; and
- ◆ To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

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Health Oversight Activities. We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, without limitation, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court order or other forms of legal process that meet certain requirements.

Law Enforcement. We may release protected health information for law enforcement purposes to a law enforcement official:

- ◆ In response to a court order;
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person;
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ◆ About a death we believe may be the result of criminal conduct;
- ◆ About criminal conduct at Aspire; and
- ◆ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Information About Decedents. We may disclose protected health information about decedents to coroners and medical examiners to identify a deceased person, determine cause of death, or other activities as authorized by law. We may also disclose protected health information about decedents to funeral directors as necessary to carry out their duties, consistent with applicable law.

Armed Forces Personnel. We may use and disclose protected health information of Armed Forces personnel for certain activities deemed necessary by military command authorities. We may also use and disclose protected health information of foreign military personnel for the similar purposes.

Protective Services for the President and Others. We may disclose protected health information to authorized Federal officials to provide protective services to the President and other persons under federal law, as well as certain investigations.

National Security and Intelligence Activities. We may release protected health information about you to authorized federal officials for lawful intelligence and other national security activities.

Inmates. If you are in the custody of a correctional institution or in the lawful custody of a law enforcement official, we may disclose protected health information about you to the correctional institution or law enforcement official as necessary for:

- ◆ Provision of health care to you
- ◆ Health and safety of other inmates
- ◆ Health and safety of the officers or employees of or others at the correctional institution
- ◆ Health and safety of persons responsible for transporting or transferring inmates
- ◆ Law enforcement on the premises of the correctional institution
- ◆ Administration and maintenance of the safety, security, and good order of the correctional institution

Organ, Eye or Tissue Donation. We may use or disclose protected health information to organ procurement organizations or other organizations that procure, bank, or transplant organs, eyes or tissue, in order to facilitate organ, eye or tissue donation and transplantation.

WHEN AUTHORIZATION IS REQUIRED

We must obtain your written authorization for certain uses and disclosures of your protected health information:

Psychotherapy Notes. We must obtain your authorization to use or disclose psychotherapy notes, except for:

- ◆ Use by the notes' originator for treatment
- ◆ Use or disclosure for our own training programs
- ◆ Use or disclosure to defend ourselves in a legal action or other proceeding brought by you
- ◆ Disclosure required by the Secretary of the Department of Health and Human Services to determine our compliance with certain federal regulations
- ◆ Use or disclosure required by law
- ◆ Health oversight activities related to the originator of the notes
- ◆ Disclosures to coroners or medical examiners
- ◆ Use or disclosure to avert a serious threat to health or safety

Marketing. We must obtain your authorization to use or disclose your protected health information for marketing, unless the marketing is in the form of a face-to-face communication, or a promotional gift of nominal value.

Sale of Protected Health Information. We must obtain your authorization for any disclosure of your protected health information that constitutes a sale as defined by law. However, there are a number of disclosures that do not constitute sale of protected health information, even though we may receive compensation in connection with those disclosures. These include, without limitation, disclosures for:

- ◆ Public health purposes
- ◆ Research purposes
- ◆ Treatment
- ◆ Payment
- ◆ The sale, transfer, merger or consolidation of Aspire
- ◆ Fulfilling your request for a copy of your protected health information

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION.

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy a portion of your protected health information. Usually, this includes medical and billing records, or records that we use to make decisions regarding you and your care. Your right to inspect and copy does not include psychotherapy notes, information that we compile in reasonable anticipation of or for use in certain legal proceedings, and certain other information.

To inspect and copy this protected health information, you must submit your request in writing to the Privacy Officer at Aspire. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed professional selected by Aspire will review your request and the denial. 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. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an

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amendment for as long as the information is kept by or for Aspire.

To request an amendment, please contact our Privacy Officer. All requests for amendment must be in writing, and contain the reason for the request.

We may deny your request if you ask us to amend information that:

- ◆ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ◆ Is not part of the designated record set kept by or for Aspire;
- ◆ Is not part of the information which you would be permitted to inspect and copy; or
- ◆ Is accurate and complete.

If we deny your request, we will provide the denial to you in writing.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we have made of your protected health information.

To request this list of accounting of disclosures, you must submit your request to the Privacy Officer at Aspire. Your request must state a time period, which may not be longer than six years prior to the date of your request. The first accounting you request within a 12-month period will be provided at no charge to you. We may charge you for the costs of providing additional accountings within the same 12-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request that we restrict disclosures to individuals involved in your health care or payment for health care, such as family members, friends, or other persons you identify to us.

In general, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, or if disclosure is otherwise required or permitted by law. The only restriction we are required to agree to is if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which you, or a person other than a health plan on your behalf, has paid us in full.

To request restrictions, you must make your request in writing to the Privacy Officer at Aspire. In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at Aspire. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We may condition accommodating your request on information as to how payment will be handled, and specifying an alternative address or other method of contact.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request.

You may obtain a copy of this notice at our web site, <http://www.aspirehealthpartners.com>.

Right to a Notice of Breach. We are required by law to notify you following a breach of unsecured protected health information, as defined by applicable law, that affects you. We will provide such notification to you by mail or, if you have agreed to electronic notice, by electronic mail. We may use substituted forms of notice as provided by law in certain circumstances.

CHANGES TO THIS NOTICE

We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at each Aspire location. The notice will contain on the first page the effective date. In addition, each time you register at or are admitted to Aspire for treatment, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Aspire or with the Secretary of the Department of Health and Human Services. To file a complaint with Aspire, contact the Privacy Officer at Aspire Health Partners, 1800 Mercy Drive, Orlando, FL 32808. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the purposes covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission or actions we have taken in reliance on your authorization, and that we are required to retain our records of the care that we provided to you. Aspire will not redisclose any information contained in your clinical record that originated at another healthcare facility except with your written permission.

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

Privacy Officer
Aspire Health Partners
1800 Mercy Drive
Orlando, FL 32808
Phone: 407-822-5075

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This privacy notice is effective on December 11, 2014 and will remain in effect until revised.

By signing below, I acknowledge that I have received a copy of this information:

Printed name of client or client's representative

Signature of client or client's representative Date _____

Relationship of client's representative to the client: _____