

I. **Limited Government Functions.** We may disclose your protected health information to certain government agencies charged with special government functions, as limited by applicable law. For example, we may disclose your health information to authorized federal officials for the conduct of national security activities, as required by law.

J. **Health and Safety.** We may disclose your protected health information to law enforcement officials' request for information about an individual who is or is suspected to be a victim of crime; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; investigation of a crime on TurningLeaf Wellness Center's premises, and to prevent or lessen a serious threat to a person's or the public's health and safety. We may also disclose your health information, to Coroners, Medical Examiners, and Funeral Directors to identify a deceased person or determine a cause of death. In all cases, disclosures will only be made in accordance with applicable law and standards of ethical conduct.

K. **Workers' Compensation.** We may disclose your protected health information in accordance with workers' compensation laws.

You have the right to do the following:

(Please contact our Privacy Officer for additional information on any of the rights listed below:

1. Right to Inspect and Obtain A Copy Your Health Information. Upon written request, you have the right to access, inspect, and obtain a copy of your health information maintained by us (including an electronic copy, if available). Fees may apply (determination of the fee will be made at the time your request is processed). TurningLeaf Wellness Center will respond to all requests within 30 days of receiving the written request. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.

2. Right to Amend Your Health Information. You have the right to request, in writing, that we amend health information maintained in your health record. We will comply with your request in the event that we determine the information that would be amended is false, inaccurate, or misleading.

3. Right to Request Additional Restrictions on Uses and Disclosures of Your Health Information. You have the right to request, in writing, that we place additional restrictions on how we use or disclose your protected health information. While we may consider any request for additional restrictions, we are not required to agree to your request.

4. Right to Request an Accounting of Disclosures. You have the right to request, in writing, an accounting of certain disclosures made by us of your protected health information. For each disclosure, the accounting will include the date the information was disclosed, to whom, the address of the person or entity that received the disclosure (if known), and a brief statement of the reason for the disclosure.

5. Right to Request Confidentiality in Certain Communications. You have the right to request to receive your health information by alternative means of communication or at alternative locations. We will accommodate any such reasonable written request made on your behalf.

6. Right to Receive Notification of a Breach. You have the right to receive notification(s) of a breach of your protected health information (a breach is an unauthorized acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information).

7. Right to File a Complaint. If you believe your privacy rights have been violated, in addition to filing a complaint with us, you have the right to file a written complaint with the Office of Civil Rights of the United States Department of Health and Human Services. Under no circumstances, will we retaliate against you for filing a complaint with us or the Office of Civil Rights.

Changes to Notice: We reserve the right to change the terms of this notice and make the new notice provisions effective for all protected health information that TurningLeaf Wellness Center maintains. In the event that our Notice changes, we will post updates on our website.



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

*Health Insurance Portability and
Accountability Act of 1996
(HIPAA)
Effective May 1, 2005;
Updated September 19, 2013*

TurningLeaf Wellness Center understands the importance and sensitivity of your health information. We are required to protect it, provide you with a Notice about our legal duties and privacy practices, and to follow all federal and state laws that govern the use of your health information. This Privacy 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 (a copy of this notice is available at the front desk reception area of TuringLeaf Wellness Center and is posted to our website: www.TurningLeafWellnessCenter.com You may also request that a copy be mailed to you.

Contact Us

If you would like additional information about our privacy practices, your privacy rights, are concerned that your privacy rights have been violated, or disagree about a decision we made about access to or disclosure of your protected health information, please contact our Privacy Officer:

TurningLeaf Wellness Center
Attn: Privacy Officer
1240 E 100 S #121
St. George, UT 84770
1-435-652-1202
Effective June 1, 2005;
Updated September 19, 2013

Uses and Disclosures of Your Protected Health Information

TurningLeaf Wellness Center cannot use your Protected Health Information without your signed "Authorization" (except as stated in the section "Uses and Disclosures of Your Protected Health Information Without Your Authorization"). An "Authorization" is a written document signed by you that permits TurningLeaf Wellness Center to use your Protected Health Information for a specific purpose. You may revoke your authorization at any time with a written statement. If you have any questions about Authorizations, please contact our Privacy Officer (see contact information on Front).

Uses and Disclosures of Your Protected Health Information With Your Authorization

TurningLeaf Wellness Center will not disclose your protected health information regarding any of the following without your written authorization:

- Fundraising or marketing purposes
- Sale of your protected health information
- Genetic information
- Records of treatment in an addiction-treatment program (disclosures of substance use disorders must follow federal confidentiality laws and regulations [42 CFR]. These regulations [42 CFR] are more restrictive than those outlined in this Notice

Uses of Your Protected Health Information Without Your Authorization

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

We may use and disclose your protected health information without your authorization for the following reasons:

A. **For Treatment:** We may use and disclose your protected health information to plan, provide and coordinate your health care services. For example, we may need to disclose information to members of the treatment team or other health care providers who are responsible for planning and coordinating your care.

B. **For Payment:** We may use and disclose your protected health information to obtain payment for health care services we have provided to you. For example, your health plan may ask us to share your health information in order to determine if the plan will approve additional visits to your therapist. Note: TurningLeaf Wellness Center must honor your request to restrict disclosure of your protected health information to a health plan provided that you pay for services out of pocket, in full, at each visit (this includes payment made by another person on your behalf).

C. **For Health Care Operations:** We may use or disclose your protected health information for our health care operations. For example, to evaluate the quality of treatment and services provided by our health care professionals.

2. Uses and Disclosures of Protected Health Information Permitted by Law

We may use and disclose your protected health information without obtaining your consent or authorization in the following situations:

A. **Required by Law.** We may use or disclose your protected health information to the extent that we are required to do so by law. The use or disclosure will be made in full compliance with the applicable laws governing the disclosure.

B. **Business Associates.** There are some services that we provide through contracts with our business associates. In such situations, we may disclose your protected health information to our business associates so they can perform the job we asked them to do. We require all business associates to protect your health information and obey the same privacy laws that we do.

C. **Notification of Family or Close Friends.** We may use or disclose your protected health information to notify a family member, personal representative or another person responsible for your care, provided you have the opportunity to agree or object to the disclosure. If you are unable to agree or object, or in the case of an emergency, we may disclose this information, as necessary, if we determine that it is in your best interest, based upon our professional judgment. In all cases, we will only disclose the health information that is directly relevant to that person's involvement with your health care.

D. **Public Health Activities.** We may disclose your protected health information for public health activities to a public health authority authorized by law to collect or receive information for the purpose of controlling disease or injury. For example, we may disclose your health information to a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease, and to report information about products or services under the jurisdiction of the United States Food and Drug Administration.

E. **Health Oversight Activities.** We may make disclosures of your protected health information to a health oversight agency charged with overseeing the health care industry. Disclosures will be made only for activities authorized by law.

F. **Judicial and Administrative Proceedings.** We may disclose your protected health information in the course of any judicial or administrative hearing in response to an order of a court or

administrative tribunal, or in response to a subpoena.

G. **Research.** We may use or disclose your protected health information for research purposes to an authorized researcher if our Institutional Review Board approves release under very strict government guidelines.

H. **Victims of Abuse, Neglect or Domestic Violence.** We may disclose protected health information about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of child abuse, neglect, or domestic violence. Any such disclosures will be made in accordance with and limited to the requirements of the law.

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