

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your health information. This includes ensuring that any disclosures or uses of this information are in accordance with applicable laws. This also means that, in certain situations where a client's health is at risk (e.g., requiring hospitalization) or if a client poses a potential threat to themselves or others, we might disclose health information to ensure their safety. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information.

This Notice takes effect December 01, 2021, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.

### USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations.

**Treatment:** We may use or disclose your health information to another healthcare provider for:

- a. The provision, coordination, or management of health care and related service by healthcare providers;
- b. Consultation between health care providers relating to a patient;
- c. The referral of a patient for health care from one health care provider to another, or
- d. Recall information

**Payment:** We may use and disclose your health information to obtain payment for services we provide to you. This may include:

- a. Billing and collection activities and related data processing;
- b. Actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims;
- c. Medical necessity and appropriateness of care reviews, utilization review activities; and
- d. Disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

**Special Situations:** Should you fall ill and require hospitalization or if we determine there's a potential threat to yourself or others, we may use or disclose your health information as necessary to ensure your safety or the safety of the community.

**Healthcare Operations:** We may use and disclose your health information in connection with our health care operations such as quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities.

**Your Authorization:** You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Marketing Health Products or Services:** We will not use your health information for marketing communications without your prior written authorization. We may provide you with information regarding products or services that we offer related to your health care needs. We will never sell your health information without prior authorization.

**To You, Your Family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so or if it is necessary in our professional judgment.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you an opportunity to object to such uses of professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Required by Law:** We may use or disclose your health information when we are required to do so by law, including judicial and administrative proceedings.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

**Appointment Reminders and Treatment Alternatives:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) or information about treatment alternatives or other health related benefits and services that may be of interest to you.

## PATIENT RIGHTS

**Access and Control:** You have the right to review, inspect, copy, amend, and request the removal of your health information. These rights are subject to certain exceptions, and you may be charged a reasonable fee for any copies.

**Disclosure Accounting:** You have the right to request a list of instances in which we or our business associates disclosed your information for purposes, other than treatment, payment, healthcare operations, where you have provided an authorization and certain other activities. If you request this accounting we may charge you a reasonable fee for responding to these requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request in writing that we communicate with you about your health information by alternative means or to alternate locations. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Website or by electronic mail (e-mail) you are entitled to receive this Notice in written form.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

## CONTACT

For more information about our privacy practices, or if you have questions or concerns, please contact:

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