

Comprehensive Psychiatric Associates, LLC
305 NW Englewood Court
Suite 300
Gladstone, MO 64118

NOTICE OF PRIVACY PRACTICES

Effective Date: April 13, 2003

This notice was revised on: September 9, 2013

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

The law requires us to keep your protected health information ("PHI") private in accordance with this Notice of Privacy Practice ("notice") as long as this Notice remains in effect. We are also required to provide you with a paper copy of this Notice, which contains our Privacy practices, our legal duties, and your rights concerning your PHI. This notice is also available on our website, www.cpa-kc.com

From time to time, we may revise our privacy practices and our Notice at any time, as permitted or required by applicable law. Such revisions to our privacy practices and our Notice may be retroactive. Our Notice will be updated and made available to our patients prior to any significant revisions of our privacy practices and policies.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of Comprehensive Psychiatric Associates, LLC (the "Practice") and that of our business associates, who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. All of our business associates are obligated, under contract with Comprehensive Psychiatric Associates, LLC, to protect the privacy and to ensure the security of your PHI.

Our Privacy Practices

Use and Disclosure. We may use or disclose your PHI for treatment, payment, or health care operations. For your convenience, we have provided the following examples of such potential uses or disclosures:

Treatment. We may use or disclose Your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to any physician or other health care providers; such as PCP, Specialist, Laboratories or Pharmacy involved with the medical services provided to you.

Payment. Your PHI may be used or disclosed in order for us to collect payment from you, a health plan, or a third party for the medical services provided to you by us. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment, or undertake utilization review activities for determination of eligibility or insurance coverage benefits.

Health Care Operations. Your PHI may be used or disclosed as part of our internal health care operations. For example, we may also disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

Required by law. We may use or disclose your medical information when we are required to do so by law. For example, your PHI may be released when required by privacy laws, workers' compensation or similar laws, public health laws, court or administrative orders, subpoenas, certain discovery requests, or other laws, regulations or legal processes. Under certain circumstances, we may make limited disclosures of PHI directly to law enforcement officials or correctional institutions regarding an inmate, lawful detainee, suspect, fugitive, material witness, missing persons, or a victim or suspected victim of abuse, neglect, domestic violence or other crimes. We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose your PHI when necessary to assist law enforcement officials to capture a third party who has admitted to a crime against you or who has escaped from lawful custody.

Deceased persons. After your death, we may disclose your PHI to a coroner, medical examiner, funeral director, or organ procurement organization in limited circumstances. We may make relevant disclosures to the deceased's family and others who were involved in the care or payment for care of the deceased prior to death, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the practice.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety of the health and safety of others; (3) for the safety and security of the correctional institution.

Research. Your PHI may also be used or disclosed for research purposes only in those limited circumstances not requiring your written authorization, such as those, which have been approved by an institutional review board that has established procedures for ensuring the privacy of your PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

Military and National Security. If you are a member of the armed forces, we may use or disclose your PHI as required by military command authorities. When required by law, we may disclose your PHI for intelligence, counterintelligence, and other national security activities.

Out-of-Pocket Payments. If you paid out-of-pocket (in other words, requested that we do not bill your health plan or did not have insurance coverage) in full for a specific treatment or service, you have the right to request that your PHI with the respect to that specific treatment or service not be disclosed to a health plan for the purposes of payment or healthcare operations.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved In Your Care or Payment For Your Care. With your permission, or in some emergencies, we may disclose to your family members, friends, or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare or payment related to your healthcare. A disclosure of your PHI may also be made if you are unable to agree or object to such disclosure and we determine it is reasonably necessary or in your best interests for such purposes as allowing a person acting on your behalf to receive filled prescriptions, medical supplies, X rays, etc.

Disasters. We may use or disclose your PHI to a public or private entity authorized by law to assist in disaster relief efforts to coordinate your care, notify or identify family, friends or other

persons identified by you as being responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or to prohibit or restrict the consent to or to prohibit or restrict the extent of recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

Disclosures Requiring Written Authorization

1. Uses and disclosures of Psychotherapy Notes
2. Uses and disclosures of your PHI for marketing purposes
3. Disclosures that constitute a sale of your PHI
4. Other uses and disclosures not described in this notice

These uses and disclosures of your PHI will only be made with your written authorization, unless otherwise required by law. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized use and disclosure.

Your Rights Regarding Your Protected Health Information

Access and Copies. In most cases, you have the right to review or to purchase copies of your PHI by requesting access or copies in writing. We may charge you a reasonable fee for the cost of copying, mailing, or other supplies associated with your request.

Electronic Copy of your Record. If your PHI is maintained in an electronic format (known as electronic medical record or electronic health record) you have the right to request an electronic copy of your PHI be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your PHI will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic data.

Disclosure accounting. You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than treatment, payment, or health care operations. This excludes disclosures we may have made to you or to family members or friends involved in your care, or for notification purposes. To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 13, 2003. For each 12-month period, you have the right to receive one free copy of an accounting certain details surrounding such disclosures that occurred after April 13, 2003. If you request a disclosure accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for each additional request. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Additional Restrictions. You have the right to request that we place additional restrictions on our use or disclosure of your PHI, but we are not required to honor such a request. To request restrictions, you must make your request in writing to the Privacy Officer to the address provided at the end of this notice. In the request, you must specify what information you want limited or restricted, whether you want to limit our use or disclosure or both, and to whom you want the limits to apply, for example, disclosures to your spouse.

Alternate Communications. You have the right to request that we communicate with you about your PHI by alternative means or alternative locations. We will accommodate to any reasonable

request if it specifies in writing the alternative means or location, and provides a satisfactory explanation of how future payments will be handled.

Amendments. You have the right to request that we amend your PHI. Any such request must be in writing to the Privacy Officer at the address provided at the end of this notice and contain a detailed explanation for the requested amendment. Under certain circumstances, we may deny your request but will provide you a written explanation of the denial. You have the right to send us a statement of disagreement to which we may prepare a rebuttal, a copy of which will be provided to you at no cost. Please contact our Privacy Officer with any further questions about amending your medical records.

Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Complaints

The Privacy Officer is:

Dawn Younghans

305 NW Englewood Court, Suite 300

Gladstone, MO 64118

Phone: 816-453-7473

Fax: 816-453-1940

If you believe we have violated your privacy rights, you may complain to us or the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer at the address listed above.

We support your rights to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

To file a complaint with the Secretary, mail to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C, 20201. Call (202) 619-0257, or toll free at (877) 696-6775 or go to the website for the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information.