

## NOTICE OF PRIVACY PRACTICES

### Your Information. Your Rights. Our Responsibilities.

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.**

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#### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

##### Get an electronic or paper copy of your medical record

- You can see or get a copy of your health information. We'll provide it within 30 days and may charge a reasonable fee.

##### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. If we deny your request, we'll explain why in writing.

##### Request confidential communications

- You can ask us to contact you in a specific way or at a different address. We'll agree to all reasonable requests.

##### Ask us to limit what we use or share

- You can ask us not to use or share certain information for treatment, payment, or operations. We may decline if it affects your care. If you pay out-of-pocket in full, you can ask us not to share that information with your insurer unless required by law.

##### Get a list of those with whom we've shared information

- You can request a record of who we've shared your information with and why, for up to six years, for any non-routine or required by law disclosures. This list won't include disclosures for treatment, payment, authorized release, coordinating care, or health-care operations.

##### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

##### Choose someone to act for you

- If you've given someone medical power of attorney or have a legal guardian, that person can exercise your rights for you.

##### File a complaint if you feel your rights are violated

- You can contact us or the U.S. Department of Health and Human Services to file a complaint. We will not retaliate against you for filing a complaint.

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#### Your Choices

For certain health information, you can tell us your preferences about what we share. We will make reasonable efforts to follow your wishes when possible and permitted by law.

##### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory, if applicable

If you are not able to tell us your preference — for example, during a crisis or emergency — we may share your information if we believe it is in your best interest or required by law, such as to prevent harm or ensure safety.

##### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### Fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

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#### Our Uses and Disclosures

We typically use or share your health information in the following ways.

- **Treat you**
  - We can use your health information and share it with other professionals who are treating you.

- *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Run our organization**
  - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
    - *Example: We use health information about you to manage your treatment and services.*
- **Bill for your services**
  - We can use and share your health information to bill and get payment from health plans or other entities.
    - *Example: We give information about you to your health insurance plan so it will pay for your services.*

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### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information visit, [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications or product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information if state or federal laws require it, including with the Department of Health and Human Services to confirm compliance with federal privacy laws.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies for activities authorized by law
- For special government functions such as military or national security

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us written permission. You may revoke that permission at any time in writing.

### **Redisclosure Notice**

Once your health information is disclosed to another person or organization, it may no longer be protected by this Notice or by the HIPAA Privacy Rule.

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### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our website.

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## **Contact Information**

Samantha Clegg, Compliance Manager  
Empower Behavioral Health and Intervention  
(614) 470-2018  
[samantha.clegg@empowercenters.com](mailto:samantha.clegg@empowercenters.com)

You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights at:  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

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**Effective Date: November 1, 2025**