NOTICE OF PRIVACY PRACTICES

PURPOSE:

The purpose of this policy is to provide direction regarding the content and use of Aspire's Notice of Privacy Practices ("NOPP"), a current copy of which is attached to this policy as Attachment "A".

POLICY:

1. General Policy:

   Except as otherwise provided by this policy, all clients have the right to adequate notice of the uses and disclosures of Protected Health Information (PHI) that may be made by Aspire, and all of the client's rights under HIPAA and Aspire's legal duties with respect to PHI.

2. Inmates:

   An inmate does not have a right to an NOPP under this policy.

3. Must Be In Plain English:

   When required by this policy, Aspire will provide an NOPP that is written in plain language and that contains all elements required by this policy. It will contain the following statement as a header or otherwise prominently displayed: THIS NOTICE DESCRIBES HOW MEDICAL/PSYCHIATRIC INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION." "PLEASE REVIEW IT CAREFULLY."

4. Contents of the NOPP:

   The NOPP will contain:

   (a) A description, including at least one example, of the types of uses and disclosures that Aspire is permitted to make for each of the following purposes: Treatment, Payment, and Health Care Operations.

   (b) A description of each of the other purposes for which Aspire is permitted or required to use or disclose PHI without the client's written authorization.

(c) If a use or disclosure for any purpose is prohibited or materially limited by other applicable law, the description of such use or disclosure will reflect the more stringent law.

(d) The description will include sufficient detail to place the client on notice of the uses and disclosures that are permitted or required by HIPAA and other applicable law.

(e) A statement that other uses and disclosures will be made only with the client's written authorization and that the client may revoke such authorization.

5. Special Requirements:

If Aspire intends to engage in any of the following activities, the NOPP will include a separate statement, as applicable, that:

(a) Aspire may contact the client to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the client.

(b) Aspire may contact the client to raise funds for Aspire.

6. Statement Regarding Client's Rights:

The NOPP will contain a statement of the client's rights under HIPAA with respect to PHI and a brief description of how the client may exercise these rights, as follows:

(a) The right to request restrictions on certain uses and disclosures of PHI, including a statement that Aspire is not required to agree to a requested restriction with the following exception:

Aspire is required to grant this restriction. The client may request a restriction on the disclosure of PHI if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and, the PHI pertains solely to a health care item or services for which Aspire has been paid by the client out of pocket and in full.

(b) The right to receive confidential communications of PHI, as applicable.

(c) The right to inspect and copy PHI. A client may obtain a copy of his/her requested PHI in an electronic format. Aspire may charge the client any fee for labor costs involved in responding to this request.

(d) The right to amend PHI

(e) The right to receive an Accounting of Disclosures of PHI.

(f) The right of a client to obtain a paper copy of the NOPP from Aspire

upon request.

(g) The right to be notified of a security breach involving the client's unsecured PHI.

7. Additional Requirements:

The NOPP will also contain:

(a) A statement that Aspire is required by law to maintain the privacy of PHI and to provide clients with Notice of its legal duties and privacy practices with respect to PHI.

(b) A statement that Aspire is required to abide by the terms of the NOPP currently in effect.

(c) For Aspire to apply a change in privacy practice that is described in the NOPP to PHI that Aspire created or received prior to issuing a revised NOPP, a statement that it reserves the right to change the terms of the NOPP, and to make the new NOPP provisions effective for all PHI that it maintains. The statement must also describe how it will provide clients with a copy of any revised NOPP.

8. Complaints:

The NOPP will contain a statement that clients may complain to Aspire and to the Secretary of the Department of Health and Human Services if they believe their privacy rights have been violated, a brief description of how the client may file a complaint with Aspire, and a statement that the client will not be retaliated against for filing a complaint.

9. Contact Person:

The NOPP will contain the name, or title, and telephone number of the person or office to contact for further information.

10. Effective Date:

The NOPP will contain the date on which the NOPP is first in effect, which may not be earlier than the date on which the Notice is printed or otherwise published.

11. More Restrictive Practices:

More restrictive practices are not in the NOPP, but are in the Disclosures Requiring Authorizations Policy, and Disclosures Not Requiring Authorizations Policy.

12. Revisions:

Aspire will promptly revise and distribute its NOPP whenever there is a material change to the uses or disclosures, clients rights under HIPAA, Aspire's legal duties, or other privacy practices stated in the NOPP. Except when required by

law, a material change to any term of the NOPP may not be implemented prior to the effective date of NOPP, in which such material change is reflected.

13. Availability to Clients:

Aspire will make the NOPP required by this policy available on request to all clients and other persons as applicable.

14. Delivery to Clients:

Aspire will:

(a) Provide the NOPP no later than the date of the first service delivery, including service delivered electronically, or in an emergency treatment situation, as soon as practicable after the emergency treatment situation.

(b) Have the NOPP available at each service delivery site for clients to request to take with them.

(c) Post the NOPP in a clear and prominent location at each service delivery site where it is reasonable to expect clients seeking services from Aspire to be able to read the NOPP.

(d) Except in an emergency treatment situation, make a good faith effort to obtain a written acknowledgement of receipt of the NOPP, and if not obtained, document the good faith effort and the reason why it could not be obtained.

15. Web Sites:

Aspire maintains a web site that provides information about Aspire's customer services or benefits and will prominently post its NOPP on the web site and make the NOPP available electronically through the web site.

Whenever the NOPP is revised, make the NOPP available upon request on or after the effective date of the revision, if applicable.

16. TCPA Compliance

Aspire leverages SMS enabled communication systems to connect and drive consumer engagement. When a consumer opts to allow Aspire to communicate with them via SMS they are also given the ability to opt out of SMS communication by way of a reply to the message of STOP or asking for the Aspire employee to remove them from the communication list. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the stated categories in this privacy policy exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties. To ensure SMS compliance for business-to-consumer communications, especially when involving patient health information (PHI), all Aspire employees will adhere to these key principles:

- Obtain explicit documented consent from recipients,
- Comply with the Telephone Consumer Protection Act (TCPA) to avoid unwanted messages,

- Safeguard patient privacy by strictly adhering to HIPAA regulations, including the Privacy Rule, Security Rule, HITECH Act, Indiana-specific laws and Aspire Policies and Procedures
- Implement robust security measures to protect PHI, and
- Regularly review and update compliance policies and procedures to stay current with evolving regulations.

Statement programmed into initial SMS:
Consumer privacy is important to Aspire. ***No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the stated categories in this privacy policy exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties. End users can opt out of receiving further messages by replying STOP or ask for more information by replying HELP. Message frequency varies. Message and data rates may apply. To review Aspire's Privacy Policy visit this link Privacy Policy"***

PROCEDURES:

1. Aspire will document compliance with the NOPP requirements by retaining copies of all NOPP's issued for at least six (6) years.

2. When a client arrives for their first service, a qualified member of Aspire staff shall provide a copy of the NOPP to the client and answer any questions asked by the client.

3. The staff member will then request that the client sign and date the receipt of the NOPP which is included in the Application for Services and Consent to Treatment form, or the NOPP signature page for clients attending educational groups only. If the client refuses to sign the Application for Services and Consent to Treatment form, please refer to that policy for options. For educational purposes, the staff member will document on the signature sheet the attempt to obtain the client's signature and the reasons why the client refused to sign. Staff will sign and date their notes on the NOPP receipt document.

4. The Application for Services and Consent to Treatment or the NOPP signature page for educational groups will be scanned into the electronic medical record of the client.

5. If Aspire amends or revises the NOPP, a copy of the amended or revised version of the NOPP shall be promptly made available to each client.

Approved: CCC – 7-21-10
Revised: CCC – 4-15-15
Revised: CCC – 9-16-15
Revised: CCC – 5-18-16
Revised:
Approved: CCC - 12/26/2024
Approved: Aspire Board of Directors - 1/9/2025
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Attachment A – Notice of Privacy Practices (NOPP)
Attachment B – NOPP signature page for Educational Group

Attachment A

Aspire
Indiana℠

NOTICE OF PRIVACY PRACTICES

Effective Date: 9-16-2015

THIS NOTICE DESCRIBES HOW MEDICAL/PSYCHIATRIC INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have questions about this notice, please contact:

Privacy Officer, 765-335-7705,
2020 Brown Street, Anderson, IN 46016

Our Pledge To You. Your health information -- which means any written or oral information that we create or receive that describes your health (medical/psychiatric) condition, treatment or payments -- is personal. Therefore, Aspire pledges to protect your health information as required by law. We give you this Privacy Notice to tell you (1) how we will use and disclose your "protected" health information, or "PHI" and (2) how you can exercise certain individual rights related to your PHI as a client of Aspire. Please note any of your PHI that qualifies as mental health records, alcohol and drug treatment records, communicable disease records or genetic test records, will be safeguarded as "Special PHI" which will be disclosed only with your prior express written authorization, pursuant to a valid court order or as otherwise required by law. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices.

I. How We Will Use And Disclose Your PHI

A. **To Provide Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the management or coordination of your health status and care with another health care facility. For example, we may disclose your PHI to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose your PHI to another physician who may be treating you or consulting with us regarding your care.

B. **To Obtain Payment.** We may also use and disclose your PHI, as needed, to obtain payment for services that we provide to you. This may include certain communications to your health insurer or health plan to confirm (1) your eligibility for health benefits, (2) the medical necessity of a particular service or procedure, or (3) any prior authorization or utilization review requirements. We may also disclose your PHI to another facility involved in your care for the other facility's payment activities. For example, this may include disclosure of demographic information to another physician practice that is involved in your care, or to a hospital where you were recently hospitalized, for payment purposes.

C. **To Perform Health Care Operations.** We may also use or disclose your PHI, as necessary, to carry on our day-to-day health care operations, and to provide quality care to all of our clients, but only on a "need to know" basis. These health care operations may include such activities as: quality improvement; physician and employee reviews; health professional training programs,

including those in which students, trainees, or practitioners in health care learn under supervision; accreditation; certification; licensing or credentialing activities; compliance reviews and audits; defending a legal or administrative claim; business management development; and other administrative activities. In certain situations, we may also disclose your PHI to another health care facility or health plan to conduct their own particular health care operation requirements.

D. **To Contact You.** To support our treatment, payment and health care operations, we may also contact you at home, either by telephone or mail, from time to time (1) to remind you of an upcoming appointment date or (2) to ask you to return a call to Aspire unless you ask us, in writing, to use alternative means to communicate with you regarding these matters. We may also contact you by telephone to inform you of specific test results or treatment plans, but only with your prior written authorization.

E. **To Be In Contact With Your Family or Friends.** Additionally, we may also disclose certain of your PHI to your family member or other relative, a close personal friend, or any other person specified by you from time to time, but only if the PHI is directly related (1) to the person's involvement in your treatment or related payments, or (2) to notify the person of your physical location or a sudden change in your condition, while receiving treatment at our office. Although you have a right to request reasonable restrictions on these disclosures, we will only be able to grant those restrictions that are reasonable and not too difficult to administer, none of which would apply in the case of an emergency. In addition, we may disclose medical/psychiatric information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

F. **To Conduct Research.** Under certain circumstances, we may use and disclose certain of your PHI for research purposes, but only if the research is subject to special approval procedures and the necessary rules governing uses and disclosures are agreed to by the researchers. For example, a research project may compare two different medications used to treat a particular condition in two different groups of clients by comparing the clients' health and recovery in one group with the second group. We may, however, disclose medical/psychiatric information about you to people preparing to conduct a research project. For example, to help them look for clients with specific medical needs, so long as the medical/psychiatric information they review does not leave Aspire Indiana. We may 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 Indiana. Any other research will require your written authorization.

G. **According to Laws That Require or Permit Disclosure.** We may disclose your PHI when we are required or permitted to do so by any federal, state or local law, as follows:

1. **When There Are Risks to Public Health.** We may disclose your PHI to (1) report disease, injury or disability; (2) report vital events such as births and deaths; (3) conduct public health activities; (4) collect and track FDA-related events and defects; (5) notify appropriate persons regarding communicable disease concerns; or (6) inform employers about particular workforce issues.

2. **To Report Suspected Abuse, Neglect Or Domestic Violence.** We may notify government authorities if we believe that a client is the victim of abuse, neglect or domestic violence, but only when specifically required or authorized by law or when the client agrees to the disclosure.

3. **To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight, but we will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

4. **In Connection With Judicial and Administrative Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. In certain circumstances, we may disclose your PHI in response to a subpoena if we receive satisfactory assurances that you have been notified of the request or

that an effort was made to secure a protective order.

5. **For Law Enforcement Purposes.** We may disclose your PHI to a law enforcement official to, among other things, (1) report certain types of wounds or physical injuries, (2) identify or locate certain individuals, (3) report limited information if you are the victim of a crime or if your health care was the result of criminal activity, but only to the extent required or permitted by law.
6. **To Coroners, Funeral Directors, and for Organ Donation.** We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties. We may also disclose PHI to a funeral director in order to permit the funeral director to carry out their duties. PHI may also be disclosed for organ, eye or tissue donation purposes.
7. **In the Event of a Serious Threat to Health or Safety, or For Specific Government Functions.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public, or for certain other specified government functions permitted by law. We will disclose medical/psychiatric information about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.
8. **For Worker's Compensation.** We may disclose your PHI to comply with worker's compensation laws or similar programs.
9. **To Conduct Fundraising.** Under certain circumstances, we may use and disclose certain of your PHI to communicate with you and conduct fundraising activities on our behalf, but only when permitted by HIPAA. Please note that you always have the right to "opt out" of receiving any future fundraising communications and any such decision will have no impact on your treatment or payment for services.
10. **To Communicate With You Regarding Your Treatment.** We may also communicate information to you, from time to time, that may encourage you to use or purchase a particular product or service, but only as it relates to your treatment and only when permitted by HIPAA.

H. **Special Conditions**

1. **Military and Veterans.** If you are a member of the armed forces, we may release medical/psychiatric information about you as required by military command authorities. We may also release medical/psychiatric information about foreign military personnel to the appropriate foreign military authority.
2. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/psychiatric information about you 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 or the health and safety of others; or, (3) for the safety and security of the correctional institution.

I. **With Your Prior Express Written Authorization.** Other than as stated above, we will not disclose your PHI, or more importantly, your Special PHI, without first obtaining your express written authorization. We will not use or disclose your PHI in any of the following situations without your written authorization:

1. Uses and disclosures of Special PHI (if recorded by us in the medical record) except to carry out your treatment, payment or health care operations, to the extent permitted or required by law;
2. Uses and disclosures of PHI to conduct certain marketing activities that may encourage you to use or purchase a particular product or service for which HIPAA requires your prior express written authorization;
3. Disclosures of PHI that constitutes a sale of your PHI under HIPAA;
4. Uses and disclosures of certain PHI for fundraising purposes that are not otherwise permitted by HIPAA;
5. Psychotherapy notes; and
6. Other uses and disclosures not described in this Notice.

II. **<u>Your Individual Rights Concerning Your PHI</u>**

A. **The Right to Request Restrictions on How We Use and Disclose Your PHI.** You may ask us not to use or disclose certain parts of your PHI but only if the request is reasonable. For example, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related PHI to your health plan. You may also ask us not to disclose your PHI to certain family members or friends who may be involved in your care or for other notification purposes described in this Privacy Notice, or how you would us to communicate with you regarding upcoming appointments, treatment alternatives and the like by contacting you at a telephone number or address other than at home. *Please note that we are only required to agree to those restrictions that are reasonable and which are not too difficult for us to administer.* We will notify you if we deny any part of your request, but if we are able to agree to a particular restriction, we will communicate and comply with your request, except in the case of an emergency. Under certain circumstances, we may choose to terminate our agreement to a restriction if it becomes too burdensome to carry out. Finally, please note that it is your obligation to notify us if you wish to change or update these restrictions after your visit by contacting the Privacy Officer directly.

B. **The Right to Opt Out of Fundraising.** We may use or disclose your name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information, to a business associate or institutionally related foundation, for the purpose of raising money for Aspire's benefit. Although we may contact you to raise funds for Aspire, you have the right to opt out of receiving future fundraising communications, and your decision will have no impact on your treatment or payment for services at Aspire.

C. **The Right to Receive Confidential Communications of PHI**. You may request to receive communications of PHI from us by alternative means or at alternative locations, and we will work with you to reasonably accommodate your request. For example, if you prefer to receive communications of PHI from us only at a certain address, phone number or other method, you may request such a method.

D. **The Right to Inspect and Copy Your PHI.** You may inspect and obtain a copy of your PHI that we have created or received as we provide your treatment or obtain payment for your treatment. A copy may be made available to you either in paper or electronic format if we use an electronic health format. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law prohibiting access. Depending on the circumstances, you may have the right to request a second review if our Privacy Officer denies your request to access your PHI. Please note that you may not inspect or copy your PHI if your physician believes that the access requested is likely to endanger your life or safety or that of another person, or if it is likely to cause substantial harm to another person referenced within the information. As before, you have the right to request a second review of this decision. To inspect and copy your PHI, you must submit a

written request to the Privacy Officer. We may charge you a fee for the reasonable costs that we incur in processing your request.

E. **The Right to Request Amendments to Your PHI.** You may request that your PHI be amended so long as it is a part of our official client Record. All such requests must be in writing and directed to our Privacy Officer, 2020 Brown Street, Anderson, IN 46016. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may respond to your statement in writing and provide you with a copy.

F. **The Right to Receive an Accounting of Disclosures of PHI.** You have the right to request an accounting of those disclosures of your PHI that we have made for reasons other than those for treatment, payment and health care operations, which are specified in Section I (A-C) above. The accounting is not required to report PHI disclosures (1) to those family, friends and other persons involved in your treatment or payment, (2) that you otherwise requested in writing, (3) that you agreed to by signing an authorization form, or (4) that we are otherwise required or permitted to make by law. As before, your request must be made in writing to our Privacy Officer, 2020 Brown Street, Anderson, IN 46016. The request should specify the time period, but please note that we are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. 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.

G. **The Right to Receive Notice of a Breach**. You have the right to receive written notice in the event we learn of any unauthorized acquisition, use or disclosure of your PHI that was not otherwise properly secured as required by HIPAA. We will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.

H. **The Right to File a Complaint.** You have the right to contact our Privacy Officer at any time if you have questions, comments or complaints about our privacy practices or if you believe we have violated your privacy rights. You also have the right to contact our Privacy Officer or the Department of Health and Human Services' Office for Civil Rights in Baltimore, Maryland regarding these privacy matters, particularly if you do not believe that we have been responsive to your concerns. We urge you to contact our Privacy Officer if you have any questions, comments or complaints, either in writing or by telephone as follows:

Aspire Privacy Officer
2020 Brown Street
Anderson, Indiana 46016
Telephone: 765-335-7705
Fax: 765-622-7415

Please note that we will not take any action, or otherwise retaliate, against you in any way as a result of your communications to Aspire or to the Department of Health and Human Services' Office for Civil Rights. As always, please feel free contact us. We look forward to serving you as a client.

I. **Your Right to Revoke Authorization**. Any other uses and disclosures not described in this Notice will be made only with your written authorization. Please note that you may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

J. **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. You may obtain a copy of this notice at our website. www.AspireIndiana.com. To obtain a paper copy of this notice, contact any Aspire Indiana office and request a copy.

III. **Medicaid**

When you are asked to sign a release of information from the Medicaid office for us to release your medical/psychiatric information to Medicaid, we will not condition treatment at Aspire Indiana on your signing of this release. If you do sign a Medicaid form to release your records, we will comply and send your records to Medicaid. If you do not sign the release, we will not send the records. While this will affect your ability to receive Medicaid benefits, it will not affect your treatment at Aspire Indiana.

IV. **CHANGES TO THIS NOTICE.**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical/psychiatric 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 in each of our facilities. The notice will contain on the first page, the effective date. In addition, each time you register at or are admitted to Aspire Indiana for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Attachment B **Client ID:** _____

Aspire Indiana℠

NOTICE OF PRIVACY PRACTICES
Educational Group Only

By signing this, I acknowledge that I have received a copy of the Notice of Privacy Practices document. I also acknowledge that I understand the information and have been informed of my rights and obligations as well as the rights and obligations of Aspire Indiana regarding my confidential medical/psychiatric information. I also understand that I may request another copy of this Notice of Privacy Practices document at any time.

_____

Client signature *Date*

_____

Witness signature *Date*

****

_____

Reason given by client for refusing to sign this Notice

_____

Date of refusal to sign

FOR STAFF USE ONLY:

SCAN UNDER CLIENT FORMS AND SHRED ORIGINAL AFTER VERIFICATION