

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

YOUR RIGHTS

- ✉ Get an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. To request to inspect and/or obtain a copy of your medical record, you must submit a written request to our Privacy Officer. If you request a copy of your medical record, we may charge a reasonable, cost-based 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. We may say “no” to your request, but we’ll tell you why in writing within 60 days. To request such an amendment, you must submit a written request to our Privacy Officer.
- ✉ Request a restriction on certain uses and disclosures of your medical information: You have the right to ask us not to use or disclose any part of your medical information for purposes of treatment, payment or healthcare operations. While we will consider your request, we are only required to agree to restrict a disclosure to your health plan for purposes of payment or healthcare operations (but not for treatment) if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full. If we agree to a restriction, we will not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment. We will not agree to restrictions on medical information uses or disclosures that are legally required or necessary to administer our business. To request a restriction, you must submit a written request to our Privacy Officer.
- ✉ Request confidential communications: You can ask us to contact you in a specific way (for example, text or phone call) or to send mail to a different address. To request a confidential communication of your medical information, you must submit a written request to our Privacy Officer stating how or when you would like to be contacted. We will say “yes” to all reasonable requests.
- ✉ Get a list of those with whom we’ve shared information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. To request an accounting, you must submit a written request to our Privacy Officer. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- ✉ 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. To obtain a paper copy of this Notice, contact our Privacy Officer. We will provide you with a paper copy promptly.
- ✉ Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- ✉ File a complaint if you feel your rights are violated: If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Office for Civil Rights: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or OCRComplaint@hhs.gov. We will not retaliate against you for filing a complaint.

If you have any questions or want more information about this Notice or how to exercise your medical information rights, you may contact our Privacy Officer by phone at +1 (617) 702-3788, by email at Comply@MarigoldHealth.OnMicrosoft.com or by mail at 55 Court Street, Suite 231, Second Floor, Boston, 02108.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do. We will follow your instructions.

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. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or 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.

OUR USES & DISCLOSURES

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

Run our organization: We use health information about you to manage your services. Example: We use your health information to contact you, to improve our peer support for you, and to improve our app services for you.

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.

Provide you peer support: With your signed Release of Information for each provider, we can use your health information and share it with other professionals who are supporting and treating you. Example: We can reach out to a doctor who prescribes to you to coordinate your care.

Obtain services from third parties: We may disclose your medical information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard your information. Examples of these third parties include, but are not limited to, accreditation agencies, management consultants, quality assurance reviewers, collection agencies, transcription services, etc.

Help with public health and safety issues: We can share health information about you for certain situations such as: • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety.

Do research: Under certain circumstances, we may also use and disclose information about you for research purposes. All research projects are subject to a special approval process through an appropriate committee.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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 or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions: We may disclose information about you in response to an order of a court or administrative tribunal as expressly authorized by such order.

State Law: We will not use or share your information if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws protecting HIV/AIDS information or mental health information. If a state law applies to us and is stricter or places limits on the ways we can use or share your health information, we will follow the state law. If you would like to know more about any applicable state laws, please ask our Privacy Officer.

OUR RESPONSIBILITIES

- ☒ We are required by law to maintain the privacy and security of your protected health information.
- ☒ We will let you know 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 tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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 web site.