



# Notice of Privacy Practices

## **LIFESPIRE NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT THE INDIVIDUALS THAT LIFESPIRE SERVES MAY BE USED AND DISCLOSED, AND HOW THESE INDIVIDUALS, THEIR GUARDIANS AND/OR THEIR PERSONAL REPRESENTATIVES, CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

### **INTRODUCTION**

This Notice of Privacy Practices is being provided to you by Lifespire and the employees and practitioners that work at Lifespire (collectively referred to herein as "We" or "Our"). (In reading this notice, guardians and personal representatives should be aware that the word "you" in this notice refers to the individual that they are advocating for, not to the guardian or personal representative.)

We are required by law to maintain the privacy of "protected health information." "Protected health information" or "PHI" includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We are required to provide you with a copy of this notice which describes the health information privacy practices of our agency, its staff, and affiliated health care providers that jointly provide treatment and perform payment activities and business operations with our agency and to notify you upon a breach of unsecured protected health information. We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered Lifespire. We are required to abide by the terms of this notice in using or disclosing your protected health information.

A copy of our current notice will be posted in our reception area. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. We will post any revised notice in our agency reception area. You will also be able to obtain a copy by calling our office at (212) 741-0100, or asking for one at the time of your next visit. You may also request a copy from our Privacy Officer at (212) 741-0100, ext. 4578. The effective date of the notice will be noted on the cover page.

### **INFORMATION COLLECTED ABOUT YOU**

In the ordinary course of receiving treatment and health care services from us, you will be providing us with personal information such as: your name, address and phone number, information relating to your medical history, your insurance information and coverage as well as information concerning your doctor, nurse, or other medical providers. In addition, we will gather certain medical information about you and will create a record of the care provided to you. Taken together, this information will include "protected health information" or "PHI."

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose personal and identifiable health information about you for a variety of purposes. In some instances, we may use or disclose your health information without your consent or authorization where permitted by applicable law. Below, we describe examples of how we may use or disclose your health information as permitted under or required by applicable law, including instances where we will obtain your consent or authorization. Not every use or disclosure in a category will be listed. Other uses and disclosures not described in this notice will be made only with your written authorization unless otherwise permitted by applicable law.

### **WITHOUT YOUR WRITTEN AUTHORIZATION**

*Our agency and staff may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the agency's normal business operations. Your health information may also be shared with affiliated agencies so that they may jointly perform certain payment activities and business operations along with our agency. Your health information also may be disclosed to another health care provider for its treatment and payment activities, and for certain limited business operations by it. Below are further examples of how your information may be used and disclosed by our agency.*

**Treatment** (45 C.F.R. §§164.506(1)&(2)). We may share your health information with doctors, nurses, therapists, aides and other health care professionals at our agency who are involved in providing services to you, and they may in turn use that information to diagnose or treat you, or to develop a plan of services for you. A health care professional at our agency may share your health information with another health care professional inside our agency. We may share your health information with a health care professional at another agency to determine how to diagnose or treat you, or with another agency or provider to whom you have been referred for further health care. Finally, we may share your health information with others outside the agency as necessary to carry out your treatment plan; for example, we may disclose certain information about your health to an employer for matters related to sick leave, workers' compensation, wellness programs, or health insurance.

**Payment.** We may use your health information or share it with others so that we can obtain payment for your health care services. For example, we may share information about you with Medicaid, Medicare or another health insurance company in order to obtain reimbursement after we have provided services to you. In some cases, we may share information about you with Medicaid, Medicare or another health insurance company to determine whether it will cover your services. We might also need to inform Medicaid, Medicare or another health insurance company about your health condition in order to obtain pre-approval for your services, such as care provided at a residential treatment facility. Finally, we may share your health information with other providers and payors for their payment activities.

**Business Operations.** We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to

improve the care they provide for you. We may also share your health information with another company that performs business services for us, such as billing companies. If so, we will have a written contract to ensure that this company also protects the privacy of your health information. Finally, we may share your health information with other providers and payors for certain of their business operations if that other party also has or had a treatment or payment relationship with you, and in that event we will only share information that pertains to that relationship.

## **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

We may also use your PHI in the following ways:

**Appointment Reminders, Treatment Alternatives, Benefits and Services.** We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

**Research.** In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, without your consent, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

We may use your health information in, and disclose it from, our Facility Directory, or share it with friends and family involved in your care, **without** your written authorization or other written permission. We will always give you a reasonable opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). We will follow your wishes unless we are required by law to do otherwise.

**Agency Directory.** Unless you object, we may include your name and your Program/Residence in our Agency Directory while you are served at our facilities. This directory information may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if he or she does not ask for you by name.

**Friends and Family Involved in Your Care.** If you do not object, we may share your health information with a family member, relative or close personal friend who is involved in your care or payment for that care. In those instances, we will only share information that relates

to the family member's, relatives, or close personal friend's involvement with your care or payment for care. We may also notify a family member, personal representative, or another person responsible for your care about your location and general condition here at our facility, or about the unfortunate event of your death. In some cases, we may need to share your information with a disaster relief organization that will help us notify these persons.

**Work-related.** In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the Practice as required by applicable law.

**Fundraising.** We may use demographic information about you, including information about your age and gender, and where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. You have the right to opt out of receiving such communications. If you do not want to be contacted for these fundraising efforts, please write to: Development Department, Lifespire, Inc., 1 Whitehall Street, New York, NY 10014- (212) 741-0100.

**As Required by Law.** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

**Incidental Disclosures.** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other individual in the treatment area may see, or overhear discussion of, your health information.

## **SPECIAL SITUATIONS**

*We may use your health information, and share it with others, in order to meet important public needs. We will not be required to obtain your written authorization, consent or any other type of permission before using or disclosing your information for these reasons.*

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, we may release some health information about you to your employer if we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

**Victims of Abuse, Neglect or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

**To Avert a Serious Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**National Security and Intelligence Activities or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

**Military and Veterans.** If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Inmates and Correctional Institutions.** If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

**Coroners, Medical Examiners and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

**Organ and Tissue Donation.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

**Note:** HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to special protections.

## **CONSENTS AND AUTHORIZATIONS FOR OTHER USES**

While we may use or disclose your health information without your written authorization as explained above, there are other instances where we will obtain your written authorization. You may revoke an authorization at any time except to the extent we have already relied on the authorization and taken action. The following uses and disclosures require an authorization:

- (1) Most uses and disclosures of psychotherapy notes;
- (2) Uses and disclosures of protected health information that for marketing purposes;  
and
- (3) Disclosures that constitute the sale of protected health information.

## **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

*We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.*

### **1. Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to your Supervisor. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to have our denial reviewed in accordance with the requirements of applicable law. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

## **2. Right to Request Amendment of Records**

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment please write to your Program Director. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how have our denial reviewed in accordance with the requirements of applicable law. These procedures will be explained in more detail in any written denial notice we send you.

## **3. Right to an Accounting of Disclosures**

After April 14, 2003, you have a right to request an "accounting of disclosures" which is a list that contains certain information about how we have shared your information with others. An accounting list, however will not include any information about:

- a. Disclosures we made to you;
- b. Disclosures we made pursuant to your authorization;
- c. Disclosures we made for treatment, payment or health care operations;
- d. Disclosures made in the facility directory;

- e. Disclosures made to your friends and family involved in your care or payment for your care;
- f. Disclosures made to federal officials for national security and intelligence activities;
- g. Disclosures that were incidental to permissible uses and disclosures of your health information;
  - h. Disclosures for purposes of research, public health or our normal business operations of limited portions of your health information that do not directly identify you;
- i. Disclosures about inmates to correctional institutions or law enforcement officers; or
- j. Disclosures made before April 14, 2003.

To request this accounting list, please write to: Privacy Officer, Lifespire, Inc., 1 Whitehall Street, New

York, NY 10004. Your request must state a time period within the past six years for the disclosures you want us to include. You have a right to receive one accounting list within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting list in that same 12 month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list. In rare cases, we may have to delay providing you with the accounting list without notifying you because a law enforcement official or government agency has asked us to do so.

#### **4. Right to Request Additional Privacy Protections or Restrictions**

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our agency's normal business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to: Privacy Officer, Lifespire, Inc., 1 Whitehall Street, New York, NY 10004. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction except for a request to restrict the disclosure of information to a health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the information pertains solely to a health care item or service

for which you (or a third party on your behalf) has paid in full. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

### **5.Right to Request Confidential Communications**

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicated with you by alternative means or at alternative locations. For example, you may ask that we contact you by fax instead of by mail, or at work instead of at home. To request more confidential communications, please write to: Williane Alexandre, Privacy Officer, Lifespire, Inc., 1 Whitehall Street, New York, NY 10004. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact: Privacy Officer, Lifespire Inc., 1 Whitehall Street, New York, NY 10004 - (212) 741- 0100 ext. 4578. *No one will retaliate or take action against you for filing a complaint.*

### **QUESTIONS**

If you have any questions about this notice or any related matters, please contact: Privacy Officer, Lifespire Inc., 1 Whitehall Street, New York, NY 10004- (212) 741- 0100 ext. 4578

Version	1
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Initial Review By	Brian Boehm, Director of Corporate Compliance 5/22/23
Yearly Review By	Sheppard Mullin, Brian Boehm; 4/17/24
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