



NOTICE OF PRIVACY PRACTICES

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

This Privacy Notice is effective as of March 1, 2019

The following is a Notice of Privacy Practices ("Privacy Notice") of Juvo Autism + Behavioral Health (hereinafter referred to as "Juvo", "we" or "us"). This Privacy Notice is delivered to you pursuant to the provisions of the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as "HIPAA". HIPAA requires Juvo by law to maintain the privacy of your protected health information, which is medical information that may personally identify you (referred to in this Privacy Notice as your "personal health information") and to provide you with notice of Juvo's legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice (or the Privacy Notice in effect, as discussed below) and, beyond our legal obligation, remain committed to ensuring the protection and privacy of your personal health information.

1. Your Personal Health Information

We may collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, healthcare providers or health plans and through other means. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as health insurance companies or plans. Among other things, the law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information. We are required by law to promptly notify you in the event a breach occurs that may have compromised the privacy or security of your unsecured personal health information.

2. Uses or Disclosures of Your Personal Health Information

Generally, subject to limited exceptions, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we may only use or disclose your personal health information in accordance with the specific terms that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information:

a. Without Your Consent for Purposes of Treatment, Payment and Health Care Operations

Without your consent, we may use or disclose your personal health information in order to (1) provide you with services and the **treatment** you require or request, (2) to collect **payment** for those services, and (3) to conduct other related **health care operations** otherwise permitted or required by law. In order to accomplish these purposes, we are permitted to disclose your personal health information within and among our workforce and to our business associates, which are other entities we have contracted with to perform activities and functions to assist us in providing services to you. Note, however, that we are required by



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HIPAA to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities, even if you have given us permission to use or disclose your personal health information for one of these purposes.

Treatment means (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another. For example, Juvo may disclose your PHI to another caregiver who may be treating you or to whom you have been referred to ensure that the caregiver has the necessary information to diagnose or treat you.

Payment means (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement. For instance, Juvo may share necessary personal health information with your insurance company to help obtain payments for services provided to you by Juvo staff.

Health care operations includes (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis. For example, Juvo may utilize your information to better understand clinical outcomes.

b. Without Your Consent, As Required By Law

We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. *Examples of instances in which we are required to disclose your personal health information include:* (a) public health activities including, but not limited to, preventing or controlling disease or other injury, conducting public health surveillance or investigations, or reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration; (b) disclosures regarding victims of abuse, neglect, or domestic violence, including reporting same to social service or protective services agencies; (c) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of the health care system or government benefit programs; (d) for judicial and administrative proceedings in response to (i) an order of a court or administrative tribunal (only as expressly authorized by such order), or (ii) a warrant, subpoena, discovery request, or other lawful process (provided we receive satisfactory assurances under the HIPAA regulations that reasonable efforts have been made to ensure you have been given notice of such request or secure a protective order); (e) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive,



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material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) for specialized government functions, including (i) military and veterans activities, (ii) national security and intelligence activities, (iii) protective services of the President and others, (iv) correctional institutions and other law enforcement custodial situations; and (j) for workers' compensation.

c. Miscellaneous Activities, Notice

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

d. In All Other Situations, With Your Specific Authorization

Except as otherwise permitted or required in 2(a), 2(b) or in 2(c) above, we may not use or disclose your personal health information without your written authorization. This includes, without limitation, uses and disclosures of personal health information for marketing purposes and disclosures which are a sale of personal health information. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

3. Your Rights With Respect to Your Personal Health Information

Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

a. Right To Request Restrictions On Use Or Disclosure

You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. *You may request restrictions on the following uses or disclosures:* (i) to carry out treatment, payment, or healthcare operations; (ii) disclosures to family members, relatives, or close personal friends (or any other person you identify) of personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death; (iii) disclosures in instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (iv) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of personal health information; or (v) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

While we are not required to agree to any requested restriction (except in limited circumstances as provided in the HIPAA regulations), if we agree to a restriction, we are bound not to use or disclose your personal



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healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

b. Right To Receive Confidential Communications

You have the right to request to receive confidential communications of your personal health information by alternative means or at alternative communications. For example, you may only want to be contacted at a certain address (such as your home) or method of communication (such as mail). We must accommodate all reasonable requests made by you under this Section 3(b). Absent extraordinary circumstances, we require requests under this Section 3(b) to be made in writing to JUVO AUTISM + BEHAVIORAL HEALTH SERVICES at the address set forth in Section 6 below. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may not, however, require an explanation from you as to the basis of your request as a condition to providing communications on a confidential basis.

c. Right To Inspect And Obtain a Copy of Your Personal Health Information

Your “designated record set” is a group of records we maintain which are used in making medical and other decisions about you, including medical records, billing records, enrollment, payment and claims adjudication records, and case or medical management records systems, as applicable. You have the right of access in order to inspect and obtain a copy your personal health information in a designated record set for as long as we maintain such personal health information in your designated record set, except in limited circumstances provided applicable law. To inspect and/or copy your designated record set, you must submit a request in writing to JUVO AUTISM + BEHAVIORAL HEALTH SERVICES at the address set forth in Section 6 below. We are required to act on a request for access no later than 30 days after receipt of your request. Subject to certain exceptions, we must provide you with access to your personal health information in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the personal health information requested, in lieu of providing access to the personal health information or may provide an explanation of the personal health information to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your personal health information or mailing a copy to you at your request. If you request a copy of your personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, labor, supplies postage (if you request a mailed copy) and/or the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law. We will reasonably attempt to accommodate any request for personal health information by, to the extent possible, giving you access to other personal health information after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services



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("DHHS"). If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

d. Right To Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. All such requests must be made in writing to JUVU AUTISM + BEHAVIORAL HEALTH SERVICES at the address set forth in Section 6 below and include a reason to support the requested amendment. We have the right to deny your request for amendment, if: (i) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (ii) the information is not part of your designated record set maintained by us, (iii) the information is prohibited from inspection by applicable law, or (iv) the information is accurate and complete. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the DHHS. This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your personal health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received personal health information of yours prior to amendment and persons that we know have the personal health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment.

e. Right To Receive An Accounting Of Disclosures Of Your Personal Health Information

Subject to certain exceptions provided by applicable law, you have the right to receive a written accounting of all disclosures of your personal health information that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Subject to certain exceptions provided by applicable law, such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information, if any. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be made in writing and sent to the address set forth in Section 6 of this Privacy Notice.



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4. Complaints

You may file a complaint with us and/or with the Secretary of the DHHS if you believe that your privacy rights have been violated. You may submit your complaint to us in writing by mail to **ATTN: Privacy Officer**, at to the address set forth in Section 6 of this Privacy Notice, or electronically to **HIPAA.Privacy@juvobh.com**. If you file a complaint, please be sure to identify the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Notice. You will not be retaliated against for filing any complaint.

5. Amendments to this Privacy Notice

We reserve the right to revise or amend this Privacy Notice at any time. We are required to abide by the terms of our Privacy Notice currently in effect, and any revisions or amendments to our Privacy Notice shall therefore be effective for all personal health information we maintain, even if such personal health information was created or received prior to the effective date of the revision or amendment of this Privacy Notice. We will provide you with notice of any revisions or amendments to this Privacy Notice by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

6. On-going Access to Privacy Notice

You have a right to obtain a paper copy of this Privacy Notice at any time, even if you have agreed to electronic notice of this Privacy Notice in the past. We will provide you with a copy of the most recent version of this Privacy Notice at any time upon your written request sent to:

ATTN: Privacy Officer
Juvo Autism + Behavioral Health Services
1 University Plaza, Suite 500
Hackensack NJ, 07601.

The most recent version of this Privacy Notice is also available at www.juvobh.com.

All requests made pursuant to this Privacy Notice as well as any other requests or for further information regarding the privacy of your personal health information, including for information regarding the filing of a complaint with us, please contact us in writing at the address above, or by phone at:

(201) 982-7400

[SIGNATURE PAGE TO FOLLOW]



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I acknowledge that I have received a copy of this Privacy Notice of Juvo Autism + Behavioral Health:

Signature: _____

Print Name: _____

Client Name: _____

If not signed by Client, please indicate relationship to Client:

_____ **Parent or legal guardian of minor**

_____ **Individual having legal authority to make health care decisions on behalf of Client (for example, pursuant to a health care power of attorney or as a court appointed legal guardian of an adult)**

Date: _____