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## Notice of Privacy Practices Recovery Solutions

This Notice of Privacy Practices for Recovery Solutions describes how medical information about you may be used and disclosed and how you can get access to this information as it relates to Axial's Recovery Solutions. Please review it carefully.

Personally identifiable information about your health, your health care, and your payment for health care is called Protected Health Information. We must safeguard your Protected Health Information and give you this Notice about our privacy practices that explains how, when and why we may use or disclose your Protected Health Information. Except in the situations set out in the Notice, we use or disclose only the minimum necessary Protected Health Information to carry out the use or disclosure.

We follow the practices described in this Notice, but we can change our privacy practices and the terms of this Notice at any time.

If we revise the Notice, you may read the new version of the Notice of Privacy Practices on our website at [www.axialhealthcare.com](http://www.axialhealthcare.com). You also may ask for a copy of the Notice by calling Axial Healthcare at 1-888-674-0828 and asking us to mail you a copy.

### **Uses and Disclosures of Your Protected Health Information That Do Not Require Your Consent**

**When required by law.** We may be required to disclose your Protected Health Information to law enforcement officers, courts or government agencies. For example, we may have to report abuse, neglect or certain physical injuries.

**For public health activities.** We may be required to report your health information to government agencies to prevent or control disease or injury. We also may have to report work-related illnesses and injuries to your employer so that your workplace may be monitored for safety.

**To avert a threat to health or safety.** In order to avoid a threat to health or safety, we may disclose health information to law enforcement officers or other persons who might prevent or lessen that threat.

**For specific government functions.** In certain situations, we may disclose health information of military officers and veterans, to correctional facilities, to government benefit programs, and for national security reasons.

**For workers' compensation purposes.** We may disclose your health information to government authorities under workers' compensation laws.

**Health Plan.** Axial Healthcare operates in its Recovery Solutions through your health plan. Therefore, we may disclose your health information to your health plan.

### **Uses and Disclosures of Your Protected Health Information That Offer You an Opportunity to Object**

In the following situations, we may disclose some of your Protected Health Information if we first inform you about the disclosure and you do not object:

**To your family,** friends or others involved in your care. We may share with these people information related to their involvement in your care or information to notify them as to your location or general condition. We may release your health information to organizations handling disaster relief efforts.

### **Uses and Disclosures of Your Protected Health Information That Require Your Consent**

The following uses and disclosures of your Protected Health Information will be made only with your written permission, which you may withdraw at any time:

**Of psychotherapy notes.** Without your permission, we will not use or disclose notes in which your doctor describes or analyzes a counseling session in which you participated, unless the use or disclosure is for on-site student training, for disclosure required by a court order, or for the sole use of the doctor who took the notes.

**For any other purposes not described in this Notice.** Without your permission, we will not use or disclose your health information under any circumstances that are not described in this Notice.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights related to your Protected Health Information:

**To inspect and request a copy of your Protected Health Information.** You may look at and obtain a copy of your Protected Health Information in most cases. You may not view or copy psychotherapy notes, information collected for use in a legal or government action, and information which you cannot access by law. If we use or maintain the requested information electronically, you may request that information in electronic format.

**To request that we correct your Protected Health Information.** If you think that there is a mistake or a gap in our file of your health information, you may ask us in writing to correct the file. We may deny your request if we find that the file is correct and complete, not created by us, or not allowed to be disclosed. If we deny your request, we will explain our reasons for the denial and your rights to have the request and denial and your written response added to your file. If we approve your request,

we will change the file, report that change to you, and tell others that need to know about the change in your file.

**To request a restriction on the use or disclosure of your Protected Health Information.** You may ask us to limit how we use or disclose your information, but we generally do not have to agree to your request. An exception is that we must agree to a request not to send Protected Health Information to a health plan for purposes of payment or health care operations if you have paid in full for the related product or service. If we agree to all or part of your request, we will put our agreement in writing and obey it except in emergency situations. We cannot limit uses or disclosures that are required by law.

**To request confidential communication methods.** You may ask that we contact you at a certain address or in a certain way. We must agree to your request as long as it is reasonably easy for us to do so.

**To find out what disclosures have been made.** You may get a list describing when, to whom, why, and what of your Protected Health Information has been disclosed during the past six years. We must respond to your request within sixty days of receiving it. We will only charge you for the list if you request more than one list per year. The list will not include disclosures made to you or for purposes of treatment, payment, health care operations if we do not use electronic health records, our patient directory, national security, law enforcement, and certain health oversight activities.

**To receive notice if your records have been breached.** We will notify you if there has been an acquisition, access, use or disclosure of your Protected Health Information in a manner not allowed under the law and which we are required by law to report to you. We will review any suspected breach to determine the appropriate response under the circumstances.

**To obtain a paper copy of this Notice.** Upon your request, we will give you a paper copy of this Notice.

If you have any questions about these rights, please contact us.

### **How to Complain about Our Privacy Practices**

If you think we may have violated your privacy rights, or if you disagree with a decision we made about your Protected Health Information, you may file a complaint with our Privacy Officer by writing to [privacy@axialhealthcare.com](mailto:privacy@axialhealthcare.com).

### **How to Receive More Information About our Privacy Practices**

If you have questions about this Notice or about our privacy practices, please contact our Privacy Officer at [privacy@axialhealthcare.com](mailto:privacy@axialhealthcare.com).

### **Effective Date**

This Notice is effective on May 1, 2020.