



## Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Please review this notice carefully. You will be asked to sign an acknowledgement form regarding this notice and your rights.

### Introduction

MYgroup is committed to utilizing protected health information ("PHI") about you in a responsible manner. This Notice of Privacy Practices ("NPP") describes the information MYgroup collects, and how and when MYgroup may use or disclose that information. This NPP also describes your rights regarding this PHI. This NPP is effective April 14, 2003, and applies to all PHI as that term is defined by federal law.

### Services MYgroup Provides and Information Collected

MYgroup is a People Assistance Program provider. MYgroup provides or arranges for Affiliates to provide counseling or other services to employees/students of organizations that MYgroup contracts with to provide services. An employee/student ("Client") of an organization may be referred by a supervisor or administrator to MYgroup, or the employee/student may come to MYgroup on his/her own. In providing counseling or other services to the Client, MYgroup will create a summary record of each visit or contact with the Client. These records may contain PHI.

### How MYgroup May Use and Disclose Your Health Information

HIPAA permits MYgroup to use your PHI for purposes of treatment, payment, and healthcare operations. "Treatment" generally means the provision, coordination or management of healthcare and related services among healthcare providers, consultation between healthcare providers regarding a Client, or referral of a Client from one healthcare provider to another. For instance, MYgroup may disclose your PHI to a counselor, physician, or other healthcare provider to whom you may be referred to by MYgroup. MYgroup and other providers may use your PHI in order to coordinate and manage your care and arrange for referrals to professionals involved in your treatment.

Payment involves the various activities of healthcare providers to obtain payment or other reimbursement for the services you receive. If certain services may be billed to a Client's health insurance plan, PHI may be disclosed to that plan, or third-party administrator for the plan, in order to secure payment for services. "Healthcare Operations" include administrative, financial, legal and quality improvement activities that MYgroup engages in from time to time in its business. Among other things MYgroup may engage in quality assessment and improvement activities, case management activities, the evaluation of MYgroup Affiliates, and the training of MYgroup personnel. MYgroup may release PHI to individuals or organizations involved in any of these Healthcare Operations.

MYgroup does not provide long term psychotherapy services. However, if another healthcare provider delivers psychotherapy services and MYgroup secures that medical information for purposes of ongoing treatment, those psychotherapy notes will only be subject to additional HIPAA restrictions on disclosure.



## Other Disclosure of Your Healthcare Information Permitted Under HIPAA

1. MYgroup is permitted to disclose your PHI to federal and state agencies that regulate or investigate the healthcare industry.
2. MYgroup is also permitted to disclose this information to persons or organizations who perform certain services for MYgroup as "Business Associates." Business Associates may include, but are not limited to, accreditation organizations, accountants, attorneys, and consultants. MYgroup Business Associates are contractually obligated to maintain the privacy of your PHI to the same extent MYgroup is required to do so.
3. MYgroup may disclose your PHI to law enforcement officials, subject to applicable state and federal laws and regulations, for purposes of complying with a court order, subpoena, or other legal process. When reasonable and appropriate, MYgroup may attempt to notify you in advance before disclosing PHI in response to a subpoena or other legal process.
4. If you are involved in a lawsuit or other legal dispute or proceeding, MYgroup may disclose your PHI in response to a court order or other discovery request with which MYgroup is required by law to comply. MYgroup may disclose PHI if an arbitrator or arbitration panel compels disclosure.
5. There are certain situations where disclosure may be compelled or permitted by law. PHI may be provided to law enforcement personnel or person able to prevent, mitigate or lessen a serious threat to the health or safety of you, or another person or the public. Disclosure may be compelled or permitted by law if you report the commission of or contemplation of a commission of a crime.
6. When permitted by law, we may use or disclose PHI about you without your permission for various activities that are recognized as "national priorities". These may be for specific government functions which impact national security, or veteran or military personnel.
7. MYgroup may disclose your PHI to researchers in the event MYgroup is involved in any research activity where results may improve practices, and the information may be used in quantifying or qualifying data which has no individual identifying indicators beyond MYgroup and researchers involved.
8. We may also disclose your PHI, to the extent required by law, to organizations or agencies involved in adjudicating worker's compensation claims in the event you should file such a claim, and to public health organizations responsible for preventing or controlling disease, injury, or disability.
9. MYgroup may be obligated to disclose your PHI if required to do so by laws protecting children or vulnerable adults from abuse.

## Your Health Information Rights

You have the following rights regarding the PHI that MYgroup creates and maintains regarding your treatment.

1. You have the right to obtain a copy of this Notice of Privacy Practices.
2. You have the right to inspect and copy your health information, except for information needed for civil, criminal, or administrative actions and proceedings, and psychotherapy notes. Under certain circumstances your request may be denied. If your request is denied, it will be done in writing and will state the reason/s for the denial along with your right to a denial review. You may be charged a fee for those copies in accordance with state law. Copies of your PHI will not exceed a reasonable marketplace cost per page. With your



approval, you may be provided with a summary or explanation of the PHI, as well as the cost, in advance.

3. You have the right to request amendment to your health record if any information contained in that record is wrong or incomplete. You must send MYgroup a written request to amend that information (see MYgroup Privacy Officer address below). However, MYgroup is not required to agree to your request. Your request may be denied if it is found that: the PHI (a) correct and complete, (b) forbidden to be disclosed, (c) not part of MYgroup records, or (d) original source is other than MYgroup. If you are denied your request, it will be in writing and will state the reason/s for the denial.
4. You have a right to obtain an accounting of disclosures made by MYgroup of your PHI that occurred after October 15, 2003. However, this does not include disclosures made directly to you, or disclosures to others for purposes of treatment, payment, or healthcare operations as previously described in this NPP. You must make a request in writing to receive the accounting of disclosures. The accounting of disclosure may contain to whom the PHI was disclosed, a brief description of the information, the reason for disclosure and the date of disclosure.
5. You have the right to ask that MYgroup communicate with you about your healthcare matters confidentially. For example, you may ask that we only contact you at home or by e-mail.
6. You have the right to authorize MYgroup in writing to use or disclose your PHI for any other purpose. For instance, you may authorize us to release your PHI to a disability insurance company if you have applied to that company for disability benefits. You must sign a written authorization which MYgroup will provide you upon request, and you may revoke this authorization at any time in accordance with the terms of that document.
7. You may request that restrictions be placed upon certain uses and disclosures of your information as provided under HIPAA. If for some reason MYgroup is unable to agree to any restriction you request, we will inform you of that.

## Special Protection for Substance Use Disorder (SUD) Records

While MYgroup is not a federally assisted substance use disorder program, some of the health information we receive and maintain may relate to Substance Use Disorder (SUD) diagnosis, treatment, or referral for treatment. This information is subject to the requirements of 42 CFR Part 2 ("Part 2"), which provide additional privacy protections beyond HIPAA.

This section of this NPP does not apply to health information related services you receive outside of substance use disorder treatment. For example, records of an appointment with your provider at MYgroup, including if they screen you for a substance use disorder, are not covered by Part 2.

The confidentiality of SUD records maintained by MYgroup is protected by Federal law and regulations. Generally, MYgroup may not disclose any information identifying you as having a SUD, unless specific conditions are met; specifically, MYgroup may disclose SUD record information:

1. If you have signed a specific, formal consent form that meets the requirements of Part 2.
  - o If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.



2. To MYgroup staff and providers who need the information in connection with their duties in providing your care.
3. To medical personnel who need the information for the purpose of treating a condition which poses an immediate threat to your health.
4. If a judge issues a specialized order that complies with the strict criteria of Part 2 (a general subpoena is not sufficient).
5. To report suspected child abuse or neglect as required by state law.
6. For authorized research, audit, or program evaluation purposes.
7. To law enforcement if you commit (or threaten to commit) a crime on our premises or against our staff.
8. To a public health authority if the information has been de-identified.

While MYgroup also complies with HIPAA, Part 2 provides stricter protections:

1. You may ask MYgroup to limit how information is used or disclosed.
2. You may review your SUD records (subject to some legal exceptions).
3. You may receive a list of certain disclosures we have made of your information.
4. You may revoke your written consent at any time, except to the extent that we have already acted on it.

Violations and Reporting: Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. See contact information for Privacy Officer below.

## How to Secure Additional Information or Report a Problem

If you have questions or need additional information, or you have a problem with the handling of your PHI, you may contact the MYgroup Privacy Officer at 704.529.1428. If you believe your privacy rights under HIPAA have been violated, you may file a written complaint with the MYgroup Privacy Officer at 5955 Carnegie Blvd., Suite 250, Charlotte, NC 28209, or you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. There will be no retaliation if you file a complaint with either the MYgroup Privacy Officer or the Office for Civil Rights. You must file a complaint within 180 days of the date on which the action occurred that caused the problem. You may find a copy of this NPP posted on the MYgroup website at [mygroup.com](http://mygroup.com). MYgroup reserves the right to change this NPP.



## Acknowledgment of Receipt of Notice of Privacy Practices

The undersigned Client of MYgroup acknowledges receipt of the Notice of Privacy Practices (NPP). This NPP is provided to the Client on behalf of the counselors employed by MYgroup as well as MYgroup Affiliates. The Client has read the NPP and understands that MYgroup may utilize Client's Protected Health Information (PHI) in the ways described in the NPP. The Client has retained a copy of the NPP and understands that further information may be obtained from the MYgroup Privacy Officer.

I have read the above and understand the policies and conditions of the People Assistance Programs.

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Date

\_\_\_\_\_

Client Name (Please Print)

\_\_\_\_\_

Client Signature

Ib 2.2026