

NOTICE OF PRIVACY PRACTICES MARVIN BEHAVIORAL HEALTH, INC.

<https://bit.ly/3tTFS6t>

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.

General Purpose

During your therapy with Marvin Behavioral Health, Inc. ("Marvin Behavioral" or "we"), Marvin Behavioral and its therapists and other medical providers may gather and/or generate information about your mental, physical, and personal information. Our use and disclosure of this information is regulated by a federal law known as the Health Insurance Portability and Accountability Act and the rules thereunder. The term "Protected Health Information" means and includes all individually identifiable personal health information about you transmitted or maintained by us, regardless of form (oral, written, or electronic). We are required by law to maintain the privacy of your Protected Health Information, to provide you with notice of our legal duties and privacy practices with respect to Protected Health Information, and to notify you following a breach of your unsecured Protected Health Information.

Uses and Disclosures of Protected Health Information

The following categories describe the different ways that we typically use and disclose medical information, most of which do not require your authorization.

- **Treatment.** We may use or disclose your Protected Health Information to provide your behavioral or mental health services and to manage and coordinate your health care. For example, your Protected Health Information may be provided to another therapist who is treating you, or to your physicians with your consent, to help them better treat you.
- **Payment.** Your Protected Health Information will be used to obtain payment for your health care services, such as submitting a claim to insurance and related activities that your health insurance plan may undertake before it approves or pays for your health care services, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. If your employer or your employer's health plan is sponsoring our services, then we may report that you received services and submit a claim or invoice for our services.
- **Health Care Operations.** We may use or disclose your Protected Health Information in order to support our business activities, provide quality control, perform data analysis, and enhance our services. We may de-identify your Protected Health information and use it to develop new products, provide analysis of our programs, and for other purposes.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose Protected Health Information to remind you that you have an appointment for therapy services or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

- **Personal Representatives.** You may exercise your rights through a personal representative, such as a guardian or, if you are a minor, your parents.
- **Minors.** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research.** We may use or disclose your Protected Health Information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information. We may disclose health information about you to individuals preparing to conduct a research project; for example, to help them identify patients with specific health needs.
- **As Required by Law.** We will disclose Protected Health Information about you when we are required to do so by law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may disclose your Protected Health Information to Marvin Behavioral Health, Inc. to enable Marvin Behavioral Health, Inc. to provide technology and administrative services to us including, a technology platform, appointment scheduling, communications, coordination of therapy services, therapy record storage, service analysis, quality assurance and performance improvement. All of our business associates, including Marvin Behavioral Health, Inc., are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
- **Litigation and Lawsuits.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to subpoena, discovery request, or other legal process from someone else involved in the same dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** Under certain conditions, we may disclose your PHI to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive material witness, or missing person; (3) reporting suspicious wounds, burns or other physical injuries; or (4) reporting about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (5) report about a death we believe may be the result of criminal conduct; (6) report about criminal conduct at our facility; and (7) in emergency circumstances to report a crime.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to a friend or family member who is involved in your health care, as well as someone who helps pay for your care, but we will provide you with an opportunity to agree or object, or in accordance with your prior authorization.

- **Electronic Disclosures of Medical Information.** Under the law of certain states, we are required to provide notice to you if your medical information is subject to electronic disclosures. This Notice serves as general notice that we may disclose your medical information electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **De-Identified Information.** We may de-identify your Protected Health Information by removing any information that would identify you, such as your name, date of birth, address, and other identifiable information. We may use and disclose de-identified information to third parties. For example, if your employer is sponsoring our services, then we may provide your employer aggregated reports that include your de-identified information. We may also request feedback on your therapy relationship (known as feedback-informed therapy). Your responses will be anonymized and aggregated and will not be tied to you as an individual user. We may use and disclose the aggregated feedback data for any reason, including to publish the results.
- **Other Uses and Disclosures.** We may also use and disclose your Protected Health Information to the following agencies and third parties if certain conditions are met:
 - Military command authorities or national security agencies
 - Workers' compensation agencies
 - Food and Drug Administration for product safety
 - Public health officials for public health purposes
 - Health oversight agencies to ensure we follow applicable laws.
 - Coroners, medical examiners, and funeral directors
 - Correctional institutions
 - Disaster relief agencies
 - Organ and tissue donation organizations

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your identifiable Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer, in which case we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

We follow federal and state laws that require special privacy protections when we use or share highly confidential PHI. For instance, medical information about communicable disease and HIV/AIDS, and

evaluation and treatment for a serious mental illness or substance abuse, is treated differently than other types of medical information. We are required to obtain an authorization before using or disclosing highly confidential PHI in many circumstances.

Your Rights Regarding Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected Health Information. To exercise these rights, please send your request to Marvin Behavioral at user-success@meetmarvin.com.

- **Right to Inspect and Copy.** You have the right to access your Protected Health Information that we use to make decisions about your care or payment for your care. We may deny your request in certain circumstances. If we do deny your request, we will provide you with a written denial setting forth the basis for the denial and a description of how you may exercise any applicable review or appeal rights.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format, you have the right to request in writing that an electronic copy of your record be given to you or transmitted to another individual or entity.
- **Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or one of our vendors) discovers a breach of your unsecured Protected Health Information.
- **Right to Request Amendments.** You have the right to request that we update or amend your Protected Health Information. You must make your request in writing. We may deny your request if we did not create the information, the information is correct, or for other reasons. If we deny your request, we will notify you of the denial in writing, along with additional rights that you may have.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures," which is a list of the disclosures we made of your Protected Health Information during a period of six years or less before the date that you request an accounting. We are not required to provide an accounting of disclosures made: (1) to carry out treatment, payment or health care operations; (2) to you or your personal representative about your own Protected Health Information; (3) based on your written authorization; and (4) for certain other purposes. It also excludes disclosures we may have made to family members or friends involved in your care.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact

you by mail at a specific address or call you only at your work number. We will accommodate all reasonable requests. We will not ask you the reason for your request.

- **Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this Notice, even if you have agreed to receive this Notice electronically. To obtain a copy of this Notice, you must make your request in writing to user-success@meetmarvin.com.

Complaints

If you believe that your privacy rights as described in this Notice have been violated, you may file a complaint with Marvin Behavioral at user-success@meetmarvin.com. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

You may also file a complaint with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave S. W., Washington, D.C. 20201. Call (202) 619-0257 or toll-free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information.

There will be no retaliation against you for filing a complaint.

About this Notice

We are required to abide by the terms of our Notice currently in effect. A copy of our current Notice is posted on our website at www.meetmarvin.com. We may change the terms of our Notice at any time. The changes to the Notice will apply to any Protected Health Information that we maintain (including any Protected Health Information we maintain prior to the changes). Any revised version of this Notice will be distributed by posting to our website. You may also receive a paper copy of this Notice or any amendment upon request.

If you agree to receive electronic notices by email, then you may receive an electronic copy of this Notice or any amendment by email. Even if you have agreed to receive an electronic copy of this Notice, you may still request to receive a paper copy in the manner set forth above.

We will ask you to verify that you have received a copy of this Notice.

The effective date of this Notice is February 13, 2022

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT MARVIN BEHAVIORAL'S PRIVACY OFFICER AT:

Privacy Officer
Marvin Behavioral Health
12816 Inglewood Ave # 740
Hawthorne, CA 90250
(617) 249-6854
patrick@meetmarvin.com