SAPPHIRE
Health & Wellness

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 READ AND REVIEW IT CAREFULLY.

This notice applies to services that are provided by Sapphire Health and Wellness, and the related records.

Sapphire Health and Wellness respects your privacy and understands that your personal health information is a private and sensitive matter. We make a record of the care and services you receive at Sapphire Health and Wellness that is called "protected health information, (PHI). This information is needed to give you quality health care and to comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other health care providers, and billing and payment information related to those services. We will not disclose your information to others unless you authorize us to do so, or unless the law authorizes or requires us to do so.

This privacy notice will tell you about: (1) the way that we may use and disclose health information about you; (2) your privacy rights; (3) special rules for patients of Sapphire Health and Wellness alcohol and/or drug prevention and treatment programs; and (4) Sapphire Health and Wellness' responsibilities in using and disclosing your health information.

How Sapphire Health and Wellness May Use & Disclose Your Health Information

The following is an explanation and example of some of the ways your health information may be used and disclosed:

Treatment:

We may use your protected health information for treatment purposes. Information obtained by our health care staff will be recorded in your health record and used to help decide appropriate care. We may also provide information to others providing your care. For example, medication information could be shared with nurses, pharmacists, or other providers to avoid treatment that might cause a negative reaction.

Payment:

We may use your protected health information for payment purposes. "Payment" includes the activities of Sapphire Health and Wellness to obtain payment or be

reimbursed for the services we provide to you. For example, insurance companies may need information about services you received at Sapphire Health and Wellness in order to authorize payment. In addition, if someone else is responsible for your health care costs, we may disclose information to that person when we seek payment.

Health Care Operations:
We may use your protected health information for health care operations. "Health care operations" are certain administrative, financial, legal, and quality improvement activities necessary to run Sapphire Health and Wellness programs and make sure all patients receive quality care. For example, we may use health information about you to evaluate the performance of our staff, or to evaluate the services provided at Sapphire Health and Wellness.

Electronic Health Information Systems:
We utilize electronic health information systems, including an integrated multi-facility electronic health information systems with a patient service communications network that permits providers involved in your care to access health information accumulated about you at our facilities. Once information is entered into many of these electronic systems, it cannot be removed. Once a user is authorized to have access to your information contained in some of these systems, the user will continue to have such access until determined otherwise.

Appointment Reminders:
We may use and disclose health care information to contact you as a reminder that you have an appointment for treatment or health care at Sapphire Health and Wellness. You may be contacted by staff to remind you that you have an appointment for treatment or other health care at the hospital or clinic. We may use and disclose health care information during the reminder call, but the information disclosed will be kept to what is necessary to remind you of the appointment.

Interpreters:
In order to provide you proper care and services, we may use the services of an interpreter. This may require the use or disclosures of your personal health information to the interpreter.

Other Treatments and/or Health Products:
We may use and disclose health care information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or about health-related products or services that may be of interest to you.

Research:

SAPPHIRE
Health & Wellness

Under certain circumstances, we may use and disclose health care information about you for research purposes, but only if the research has been reviewed and approved by an Institutional Review Board (IRB). Sapphire Health and Wellness may also share information with researchers preparing to conduct a research project. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at Sapphire Health and Wellness. In some cases, your health information might be used or disclosed for research without your consent. For example, a researcher might review your health record to determine if we have enough patients to conduct a diabetes research study; or to include your information in a research data base. In these cases, the IRB makes sure that using your information without your consent is justified and that steps are taken to limit the use of your information. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We may also share or disclose your information for research purposes with researchers at other institutions.

Funeral Directors/Coroners/State Medical Examiner:

We will disclose health care information about you to funeral directors, coroners and the state medical examiner, consistent with applicable law to allow them to carry out their duties.

Public Health Risks:

We may disclose health care information about you for public health activities that can include the following:

- Prevention or control of disease, injury or disability;
- Reports of births and deaths;
- Reports of abuse or neglect of children, elders and dependent adults;
- Reports of reactions or problems with medications or health products;
- Notifying people of product recalls related to their health care;
- Notifying a person that th ey may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; Notifying a government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Laws:

We will disclose health care information when required by state law and/or when you have made a workers' compensation claim that provides benefits for work-related injuries or illness.

Correctional Institutions:
If you are in jail or prison, we may disclose health care information to the Department of Corrections for your health and the health and safety of others.

Law Enforcement:
We may disclose health care information about you when legally required such as when we receive a subpoena, court order or other legal process, or when you are the victim of a crime.

Tissue Donation, Organ Procurement and Transplant:
We may disclose health care information to organizations that handle organ procurement or tissue transplantation or to an organ donation bank, to help with organ or tissue donation and transplant if you or your family members agree.

Health and Safety Oversight:
We will disclose health care information to a health oversight agency when required by law. These oversight activities include audits, investigations and medical licensure.

Disaster Relief Purposes:
We may disclose health care information to disaster relief agencies to assist in notification of your condition to family or others.

Military and Veterans:
If you are a member of the armed forces, Sapphire Health and Wellness may release health care information about you as required by military command authorities.

Court Orders, Lawsuits and Disputes:
If you are involved in a lawsuit or a dispute, we may disclose health care information about you in response to a court or administrative order in accordance with applicable law. We may also disclose health care information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

National Security and Intelligence Activities:
We may release health care information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Business Associate Agreements:
We may use your health care information and disclose it to individuals and organizations that assist Sapphire Health and Wellness with treatment, health care operations or

payment purposes or with complying with legal obligations. For example, Sapphire Health and Wellness may disclose information to consultants or attorneys who assist us in our business activities. These business associates must agree to protect the confidentiality of the protected health information.

Other Uses and Disclosures:

We may also use and disclose your information to enhance health care services, to protect patient safety, to safeguard public health, to ensure that our facilities and practitioners comply with government and accreditation standards and when otherwise allowed by law. For example:

1. We may use certain information about the care you received at Sapphire Health and Wellness to fundraise for the benefit of Sapphire Health and Wellness. If we engage in fundraising, you have the right to opt out of receiving such communications.

2. We provide information regarding FDA regulated drugs and devices to the U.S. Food and Drug Administration;

3. We provide government oversight agencies with data for health oversight activities such as auditing or licensure;

4. We provide notices to appropriate individuals when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual; and

5. We disclose information when otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining our compliance with our obligations to protect the privacy of your health information.

Notification of Family and Others:

Unless you object, we may release health information about you to a friend or family member who is involved in your health care while you are receiving services. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the hospital or a residential facility. If you would like to restrict the information provided to family or friends, please contact appropriate number at the end of this notice.

SAPPHIRE
Health & Wellness

Uses and Disclosures That Require Your Authorization:
Other than the uses and disclosures described above, information will be used or disclosed only as allowed or required by law, or with your written authorization. Uses and disclosures such as the release of psychotherapy notes, uses for marketing and the sale of protected health information require your prior written authorization. If you provide us with written authorization, you have the right to revoke that authorization at any time unless the disclosure is required by law or in circumstances where we have otherwise relied on the authorization or the law prohibits revocation.

SPECIAL RULES FOR ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT RECORDS

If you receive alcohol and/or drug prevention and treatment services, your medical records that identify you as receiving those services are protected not only by HIPAA, but also by the 42 CFR Part 2 confidentiality law. This law provides additional safeguards to protect the privacy of these records.

Sapphire Health and Wellness must obtain your written consent before disclosing information identifying you as a patient of an alcohol and/or drug prevention and treatment program, including before releasing information for payment purposes. Sapphire Health and Wellness may condition treatment on receiving your consent for payment purposes. Federal law does, however, permit Sapphire Health and Wellness to release records identifying you as a patient of an alcohol and/or drug prevention and treatment program in certain circumstances *without your written authorization*. These are disclosures:

- Pursuant to an agreement with a qualified service organization or business associate;
- For research, audit, or evaluation purposes;
- To report a crime against Sapphire Health and Wellness personnel or on Sapphire Health and Wellness property;
- To medical personnel in a medical emergency;
- To report suspected child abuse or neglect to appropriate authorities;
- Pursuant to a court order.

Sapphire Health and Wellness, for example, may disclose your records identifying you as a patient receiving alcohol and/or drug prevention and treatment services without your

consent if a judge issues a Court Order that requires Sapphire Health and Wellness to provide the records for a court hearing or active lawsuit.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR HEALTH INFORMATION

You have specific individual rights as to the uses and disclosures of your protected health information. The health and billing records we make and store belong to Sapphire Health and Wellness. The protected health information in it, however, generally belongs to you. You have the following rights:

Questions:
You have the right to ask questions about any information contained in this notice.

Notice:
You have the right to receive a copy of this Notice of Privacy Practices.

Right to Request Restricted Use:
You have the right to ask Sapphire Health and Wellness to limit certain uses and disclosures. If you want to limit use and disclosure, you must give us a written request. We are not required to grant the request except under special circumstances, such as a restriction on information provided to an insurer for services paid for entirely out of pocket, but if we grant your request, we will comply with it unless the information is needed to provide emergency services.

Right to Confidential Communications:
You may request that your health information be given or sent to you by another means or at another location. These requests must be made in writing and we have a form available for this type of request. Sapphire Health and Wellness will accommodate reasonable requests.

Right to Request An Inspection and Receive Copy:
You may request to see and get a copy of your health record. If your health record is in electronic format, you may request that your copy also be in electronic format.

Right to Request an Amendment To Your Record:
You have the right to give us a written request to change your health information. We may accept your request and if we do, we will add an amendment to your record. If we deny your request, you may write a statement of disagreement that will be stored in your health record. Please note that we may add our own statement disagreeing with your

proposed changes to your record. All statements regarding changes in your health record would be included with any release of your records.

Revoke or Cancel Prior Authorizations:
If you provided us authorization to use or disclose your health information, you may revoke your authorization in writing at any time. Once you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission, and if the authorization was obtained 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.

Right to Know About Disclosures:
You have the right to request a copy of the list of certain disclosures made of your health information outside of treatment, payment and operations. This list will not include disclosures to third party payers. You may request an accounting at any time. Sapphire Health and Wellness is only required by law to provide one accounting without charge during any 12-month period. We will notify you of the cost involved if you request this information more than once in a 12-month period. In some cases, we may be delayed in providing you a list of certain disclosures if required by law to not disclose. The list of disclosures will go back prior to the date requested a period of six years for paper record and three years prior for electronic health records.

WHO WILL FOLLOW THIS NOTICE:

- Any individuals authorized by Sapphire Health and Wellness to enter information into your health record;
- All Sapphire Health and Wellness departments and programs;
- Any member of a volunteer group we allow to help you while you are receiving services at Sapphire Health and Wellness;
- All individuals who are considered members of Sapphire Health and Wellness' workforce.

SAPPHIRE HEALTH AND WELLNESS' RESPONSIBILITIES:

We are required by law to:

- **Keep your protected health information private;**

SAPPHIRE
Health & Wellness

- **Provide notice of our legal duties and privacy practices with respect to protected health information;**

- **Notify affected individuals following a breach of unsecured protected health information;**

- **Give you this Notice of Privacy Practices; and**

- **Follow the terms of the Notice of Privacy Practices currently in effect.**

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling or visiting any of our programs and asking for it.

To Ask for Help, Express a Concern or File a Complaint

If you have questions, want more information, or want to report a problem about the handling of your health information, you may contact the Sapphire Health and Wellness at: 480-219-7810

If you believe your privacy rights were violated, you may file a written complaint to:
3530 S. Val Vista Dr. Suite A111, Gilbert AZ 85297

***There will be no retaliation for filing a complaint*.**

Notice Effective Date: April 1, 2020