



## 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

**AbleTo, Inc., a Delaware based company, manages administrative services for AbilTo Behavioral Health Services, P.C. and other professional services entities (AbilTo P.C.). All clinical services are provided by AbilTo P.C. (Together, AbleTo and AbilTo P.C. are referred to as the “Company”).**

### OUR COMMITMENT TO YOUR PRIVACY

We understand that medical information about you and your health is personal. We are committed to safeguarding your protected health information (PHI). PHI is any information that can identify you as an individual and your past, present or future physical or mental health condition.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### OUR LEGAL DUTY

The Company is required by applicable federal and state laws to maintain the privacy of your PHI. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning PHI. We must follow the privacy practices that are described in this notice while it is in effect. This Notice of Privacy Practices has an Effective Date of 10/1/15, and replaces the previous Notice having an Effective Date of 8/12/13.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to you at the time of the change. You may request a copy of our notice at any time.

We are required to notify you within 60 days of discovery of a breach in accordance with the Breach Notification Rule - 45 CFR Part 164 SubPart D(164.400 - 164.414). This notification would be via certified mail.

### Uses and Disclosures of Nonpublic Personal Information

Nonpublic Personal Information is information you give us during your enrollment, initial assessment, etc. For example: names, member identification number, addresses, type of health care benefits, payment amounts, etc. We will not give out your nonpublic personal information to anyone unless we are permitted to do so by law or have received a signed authorization form from you. You may revoke this authorization in writing by completing an authorization cancellation form at any time. This revocation will not affect any action the Company took in reliance on your authorization before your authorization cancellation form was processed.

### Uses and Disclosures of Medical Information

The following categories describe different purposes for which we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. If we need to use or disclose your PHI in any other way, we will obtain your signed authorization before our use or disclosure. You may revoke this authorization in writing by completing an authorization cancellation form at any time. This revocation will not affect any actions the Company took in reliance on your authorization before your authorization cancellation form was processed.

#### The law requires us to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the notice that is currently in effect.

#### Safeguards

It is our policy to keep all information about you confidential in all settings. It is so important to us that we take the following steps:

- our employees and providers sign a confidentiality agreement;
- our employees and providers are required to complete our privacy training program;
- we have implemented the necessary sanctions for violation of our privacy practices;
- we have a Risk Management committee that reviews our privacy practices;
- we have a Security Officer to detect and prevent security breaches;
- all computer systems that contain personal information have security protections; and
- we use the minimal amount of PHI necessary to conduct business and provide treatment.



**Treatment:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may disclose PHI to health care providers, including doctors or hospitals involved in your care. For example, we may disclose your medications to an emergency room physician so that he/she can avoid dangerous drug interactions. This allows providers to manage, coordinate and administer treatment.

**Payment:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may use and disclose PHI to collect payment for services. We may also disclose PHI to insurance companies to coordinate the reimbursement of health insurance benefits. For example, if you provide us with health insurance information through an additional insurance company, we may disclose PHI to that other health insurance company in order to determine which company holds the responsibility for your claims.

**Healthcare Operations:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may use and disclose PHI for purposes of performing our healthcare operations. Our healthcare operations include using PHI to determine fees to conduct quality assessment and improvement activities, to engage in care coordination or case management, to determine eligibility for benefits. For example, we may use or disclose PHI when working with accreditation agencies that monitor and evaluate the quality of our programs.

**To You:** We must disclose your PHI to you, as described in the Individual Rights section of this notice, below. We may also use and disclose PHI to tell you about recommended possible treatment options or alternatives or to tell you about health related benefits or services that may be of interest to you.

**To Family and Friends:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. If you agree or, if you are unable to agree when the situation, (such as medical emergency or disaster relief), indicates that disclosure would be in your best interest, we may disclose PHI to a family member, friend or other person. In an emergency situation, we will only disclose the minimum amount necessary.

**To Our Business Associates:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. A business associate is defined as someone that assists us in managing our business. We may disclose PHI to another company that helps us manage our business. For example, we may disclose PHI to a company that manages our electronic health record. These business associates are required to sign a business associate agreement with us that limits their use or disclosure of the PHI they receive.

**To Plan Sponsors:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. A plan sponsor is defined as the employer or employee organization that establishes and maintains the employee's benefit plan. If you are enrolled in a group health plan, we may disclose PHI to the plan sponsor to permit the plan sponsor to perform plan administrative functions. For example, the cost analysis of the benefit program. Before PHI is disclosed to your plan sponsor, we will receive certification from the plan sponsor that appropriate amendments have been made to group health plan document(s) and the plan sponsor agrees to limit their use or disclosure of this information to plan administration functions only.

**Research:** We may use or disclose de-identified participant data for retrospective analysis of program effectiveness. All prospective research projects require a separate consent in addition to this general notice.

**Public Health and Safety:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may disclose PHI to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose PHI to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may use or disclose PHI when we are required to do so by law. For example, we must disclose PHI to the U.S. Department of Health and Human

### Questions and Complaints

If you are concerned that we may have violated your privacy rights, as described within this document, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us confidentially communicate with you at an alternative location, you may complain to us using the contact information at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or



Services upon request to determine whether we are in compliance with federal privacy laws.

**Process and Proceedings:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose PHI to law enforcement officials.

**Law Enforcement:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may disclose PHI to a law enforcement official investigating a suspect, fugitive, material witness, crime victim or missing person. We may disclose PHI of an inmate or other person in lawful custody of a law enforcement official or correctional institution under certain circumstances.

**Military and National Security:** We will not disclose PHI to an unauthorized person not involved in your care or treatment, unless we are required or permitted to do so by law. We may disclose to the military, PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities.

## Individual Rights

**Access:** You have the right to inspect and/or copy your PHI, with limited exceptions such as information a licensed health care professional, exercising professional judgment, determines that providing access is reasonably likely to endanger the life, physical safety or cause someone substantial harm.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your PHI. The list will not include disclosures we made for the purpose of treatment, payment, healthcare operations, disclosures made with your authorization, or certain other disclosures. To request a disclosure accounting, you may contact us using the contact information at the end of this notice. You may request an accounting of disclosures and the request may not exceed a six year time period. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed and the reason for the disclosure.

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. As permitted by law, we will not honor these requests, if it prohibits us from administering your benefits.

**Confidential Communication:** You have the right to request that we communicate with you confidentially about your PHI. We will honor a request to communicate to an alternative location if you believe you would be endangered if we do not communicate to the alternative location. We must accommodate your request if it is reasonable and specifies the alternative location.

**Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or if we determine the information is accurate. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be attached to the information you wanted amended.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form.

with the U.S. Department of Health and Human Services.

### Privacy Rights or Questions:

Contact: Call Center

Phone: 646-558-3245

### Privacy Complaints

Contact: VP of Compliance

320 West 37th Street, 11th

FL New York, NY 10018

Email: [Compliance@AbleTo.com](mailto:Compliance@AbleTo.com)



## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The privacy of your protected health information is important to us. We have provided you with a copy of our Notice of Privacy Practices. It describes how your health information will be handled in various situations. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. This includes all of your appointments with a Therapist or Coach, including the Initial Consultation.

If your first date of service with us was due to an emergency, we will try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received AbleTo Inc. and AbleTo Behavioral Health Services, P.C. or other professional services entities managed by AbleTo Inc.'s Privacy Notice.

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**Print Name**

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**Signature  
(Participant or Personal Representative)**

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**Date**

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If Personal Representative, describe relationship

Please sign and return by email to [service@AbleTo.com](mailto:service@AbleTo.com) or by mail using the enclosed envelope addressed to:

AbleTo, Inc  
320 West 37th Street, 11th FL  
New York, NY 10018  
Attention: AbleTo Service Center

For Office use only:

Participant ID: