



BHG NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH 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 HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable Federal (Health Insurance Portability and Accountability Act of 1996 and Chapter 42, Code of Federal Regulations, Sections 2.1 through 2.67) and State law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 1, 2023, and will remain in effect until we replace it.

BHG is committed to fully complying with HIPAA and with the protection of your health information. BHG is required by law to:

- Maintain the privacy and security of your health information;
- Provide you with a notice regarding our legal duties and privacy practices;
- Abide by the terms of this notice until such time as our practices change or the law changes;
- Notify you if we are unable to comply with a requested restriction related to your health information;
- Accommodate any reasonable request you may have to communicate health information by alternative means or at alternative locations; and,
- Inform you if we are unable to comply with any request you make regarding your protected health information.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health 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 make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.



USES AND DISCLOSURES OF HEALTH INFORMATION

When you receive care at a BHG treatment center, entries are made in your healthcare record that detail services provided. The information entered is used to ensure the care you receive is consistent, appropriate, and justified. The release of protected health information to other persons or organizations occurs with your prior approval. There are some limited circumstances in which your health information may be released without your prior approval. This includes the use of your information for public health purposes, auditing purposes, abuse and neglect issues, research studies, legal proceedings, coroner cases, situations related to national security, law enforcement issues, and emergencies. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you must give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in the Notice.

To your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only



health information that is directly relevant to the person's Involvement in your healthcare. Information may be released to a coroner or medical examiner to identify a deceased person or to determine the cause of death.

Incarceration: If you are incarcerated or in the custody of law enforcement, we may release your protected health information to the facility or law-enforcement official. The release of protected health information would occur if there is a need for the facility or law-enforcement official to provide you with healthcare services or to protect your health and the health of others.

Research: We may use your protected health information for some research purposes. Our participation in research and all disclosures of protected health information are fully evaluated to ensure the research needs do not override the rights of patients.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

BEHAVIORAL HEALTH SERVICES

Required by Law: We may use or disclose your health information when we are required to do so by law. This includes responses to subpoenas, court orders, or warrants; limited information provided to assist with locating a fugitive or suspect using limited information only; providing information about a death thought to be the result of criminal conduct; providing information about criminal activity that occurred at a BHG treatment facility; and, providing information in emergency circumstances to report a crime or the identity of someone who committed a crime.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).



PATIENT RIGHTS

Access: You have the right to get copies of your health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information.) You may obtain a form to request access by using the contact information listed at the end of this Notice. We have up to 15 days to provide you with your health information.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before 01/01/2013. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact the BHG Privacy Officer, Jaimee McGuire. The Privacy Officer can be reached via written correspondence at 5001 Spring Valley Road, Suite 600E, Dallas, Texas, 75244, by phone at 214-970-6415, or by email at Jaimee.mcguire@bhgrecovery.com. We will respond to your request in writing and will make all attempts to address your concerns within the framework of applicable law.

If you are concerned that we may have violated your privacy right, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may contact the BHG Privacy Officer using one of the methods listed above. You may also submit a written complaint to the U.S. Department of Health and Human Services by email at OCRmail@hhs.gov or by phone at the Office of Civil Rights at 1-800-368-1019, TDD: 1-800-537-7697.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with BHG or with the U.S. Department of Health and Human Services.