

HIPAA 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 THIS INFORMATION CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the privacy practices of ClearConnect Health Services LLC (ClearConnect). All of our staff may have access to information in your chart for treatment, payment and care operations, which are described below, and may use and disclose information as described in this Notice. This Notice also applies to any volunteer or trainee we allow to help you while seeking services from us.

OUR PLEDGE REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION:

Your health information includes information about your physical and mental health.

We understand that information about your physical and mental health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and services and to comply with certain legal requirements. This notice applies to any and all of the records of your care generated by us.

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

We reserve the right to revise or amend our notice of privacy practices without additional notice to you. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current notice in our

offices in a prominent place and will post the notice on our website.

OUR OBLIGATIONS TO YOU:

We are required by law to:

- ☐ make sure that health information that identifies you is kept private except as otherwise provided by state or federal law;
- ☐ give you this notice of our legal duties and privacy practices with respect to health information about you; and
- ☐ follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose health information. 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. This notice covers treatment, payment, and what are called care operations, as discussed below. It also covers other uses and disclosures for which a consent or authorization are not necessary. Where Virginia law is more protective of your health information, we will follow state law, as explained below.

For Treatment: We may use health information about you to provide you with health treatment or services without consent or authorization unless otherwise required by applicable state law. We may disclose health information about you to doctors, physicians assistants, nurses, medical and nursing students, pharmacists, technicians, therapists, emergency services and medical transportation providers, medical equipment providers, and other care providers or case managers or case coordinators or other service providers who are involved in taking care of you whether or not they are affiliated with us. For example, we may disclose

health information concerning you to the local hospital, or physicians or counselors who care for you as well as to any other entity that has provided or will provide care to you.

During the course of your treatment, we may refer you to other care providers with which you may not have direct contact. These providers are called "indirect treatment providers." "Indirect treatment providers" are required to comply with the privacy requirements of state and federal law and keep your health information confidential. These providers will be bound by the HIPAA privacy rule.

Psychotherapy Note: ClearConnect is required by law to obtain your authorization for most uses and disclosures of psychotherapy notes, unless the use or disclosure is: (i) for treatment; (ii) for ClearConnect's own training programs for students, trainees, or practitioners in mental health; (iii) to defend ClearConnect in a legal action or other proceeding brought by you; (iv) required to determine ClearConnect's compliance with HIPAA; (v) required by law; (vi) to a health oversight agency for oversight activities authorized by law; (vii) to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or other duties authorized by law; or (viii) believed by ClearConnect, in good faith, to be necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Psychotherapy notes mean notes of a mental health professional from a counseling session that are maintained separate from the rest of your medical record.

For Payment: We may use and disclose health information about you without consent or authorization so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your plan information about treatment received so your plan will pay us or reimburse you for the treatment. We may also tell your plan or insurance company about a treatment you are going to receive to obtain prior approval or to determine whether it will cover the treatment. We may also provide your information to case coordinators or case managers for payment purposes as well.

For Care Operations: We may use and disclose health information about you without consent or authorization for "care operations." These uses and disclosures are necessary to operate ClearConnect and make sure that all individuals receive quality care. For example, we may use health information or mental treatment information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose your protected information to doctors or staff or consultants for review and learning purposes. We may also use your protected information in preparing for litigation.

Appointment Reminders: We may use and disclose health information to contact you by mail or phone to remind you that you have an appointment for treatment, unless you tell us otherwise in writing.

Treatment Alternatives: We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. However, we will not use or disclose health information to market other products and services, either ours or those of third parties, without your authorization.

Health-Related Benefits and Services: We may use and disclose health information to tell you about -related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: We may release health information, including mental information, about you to a family member who is involved in your health care without consent or authorization. We may also give health information, including prescription information or information concerning your appointments to other individuals who are involved in your care. We may also give such information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

OTHER USES AND DISCLOSURES

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law without your consent or authorization.

To Avert a Serious Threat to or Safety:

We may report certain health information for public health purposes. For instance, we may need to report adverse reactions to medications or medical products to the U.S. Food and Drug Administration (the “FDA”), or may notify patients of recalls of medications or products they are using.

To Business Associates: We may disclose your health information to our third-party service providers (“**Business Associates**”) that perform functions on our behalf or provide us with services if the information is necessary in such functions or services. All of our Business Associates are obligated, under contract with us, to appropriately safeguard health information about you and are not allowed to use or disclose any information other than as specified in our contract.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities or to the Department of Veterans Affairs. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Worker’s Compensation: We may release health information about you for workers’ compensation or similar programs without consent or authorization. These programs provide benefits for work-related injuries or illnesses. For example, if you are injured on the job, we may release information regarding that specific injury.

Public Risks: We may disclose health information about you for public activities without your consent or authorization to notify the appropriate government authority if we believe an individual 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.

Oversight Activities: We may disclose health information to a oversight agency, such as the Department of and Human Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the care system, government programs, and compliance with civil rights laws.

Lawsuits and Administrative Proceedings: If you are involved in a lawsuit or dispute as a party, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. Similarly, we may disclose health information about you in proceedings where you are not a party, but only if efforts have been made to tell you or your attorney about the request or to obtain an order protecting the information requested. In addition, we may disclose health information, including mental treatment information, to the opposing party in any lawsuit or administrative proceeding where you have put your physical or mental condition at issue if you have signed a valid release.

Law Enforcement: We may release health information if asked to do so by a law enforcement official:

- ☐ in response to a court order, subpoena, warrant, summons or similar process;
- ☐ to identify or locate a suspect, fugitive, material witness, or missing person;
- ☐ about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ☐ about a death we believe may be the result of criminal conduct;
- ☐ about criminal conduct at ClearConnect; and
- ☐ in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the

crime.

Coroners, Health Examiners and Funeral Directors: We may release health information including mental information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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

Protective Services for the President and Others: We may disclose health information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with care; (2) to protect your and safety or the and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You or your personal representative have the following rights regarding health information we maintain about you (when we say "you" this also means your personal representative, which may be your parent or legal guardian or another individual who is authorized to care for you):

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. If you wish to be provided with a copy of health information that may be used to make decisions about you, you must submit

your request in writing to the Privacy Officer at ClearConnect. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing and/or other supplies associated with your request.

We may deny your request to inspect and/or obtain a copy in certain very limited circumstances but we will respond to your request with an explanation within sixty (60) days. If you are denied access to health information, you may request that the denial be reviewed. Another licensed care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at ClearConnect. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

☐ Was not created by us, unless the person or entity that created the information is no longer available to make that amendment;

☐ Is not part of the health information kept by us;

☐ Is not part of the information which you would be permitted to inspect and copy;

or

☐ Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of some of the disclosures we made of health information

about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at ClearConnect. Your request must state a time period which may not go back further than six (6) years. Your request will be provided to you on paper. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. However, you will need to make alternative arrangements for payment if you restrict access to individuals responsible for the payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer at ClearConnect. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at ClearConnect. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. You can also ask to speak with your health care providers in private outside the presence of other patients – just ask them.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice.

CLEARCONNECT HEALTH SERVICES
1320 CENTRAL PARK BLVD STE 200
FREDERICKSBUR VA 22401

540.300.1091
INFO@CLEARCONNECTMH.COM
WWW.CLEARCONNECTMH.COM

You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Right to be Notified Following a Breach of Unsecured PHI: You have the right and will be notified if your health information has been breached as soon as possible, but in any event, no later than sixty (60) days following our discovery of the breach.

Right to Choose a Representative: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure this person has authority and can act for you before we take any action.

COMPLAINTS: Please tell us about any problems or concerns you have with your privacy rights or how Aevum uses or discloses your health information. If you have a concern, please contact Aevum's Privacy Officer with any questions or concerns.

If for some reason Aevum cannot resolve your concern, you may also file a complaint with the federal government by sending a letter to the U.S. Department of Health and Human Services, Office for Civil rights. www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

OTHER USES OF HEALTH INFORMATION: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission as set out in an authorization signed by you. If you provide us permission to use or disclose health information about you, you may revoke

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that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

DO YOU HAVE QUESTIONS?

ClearConnect is required by law to give you this notice and to follow the terms of the notice that is currently in effect. If you have any questions about this notice or have further questions about how ClearConnect may use and disclose your health information, please contact the Privacy Officer.

Privacy Officer:

Arielle Conteh

540-300-1091

aconteh@clearconnecths.com

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I hereby agree to the document above.

Signature

Parent/legal guardian Name

Date