

The following information is provided to you in compliance with state and federal laws. Please read this information and retain a copy. If you need additional copies, we are happy to provide them to you.

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.

If you have any questions about this notice, please contact the ASAP President, Dr. David Baum at 513.792.1272

OUR OBLIGATIONS:

ASAP is required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW ASAP MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways ASAP may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, ASAP will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. ASAP may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, ASAP may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. ASAP may use and disclose Health Information so that ASAP or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received. For example, ASAP may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. ASAP may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, ASAP may

use and disclose information to make sure the assessment you receive is of the highest quality. ASAP also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. ASAP may use and disclose Health Information to contact you to remind you that you have an appointment with us. ASAP also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, ASAP may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. ASAP also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, ASAP may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before ASAP uses or discloses Health Information for research, the project will go through a special approval process. Even without special approval, ASAP may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. ASAP will disclose Health Information when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety. ASAP may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. ASAP may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, ASAP may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, ASAP may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, ASAP may release Health Information as required by military command authorities. ASAP also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. ASAP may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. ASAP may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if ASAP believes a patient has been the victim of abuse, neglect or domestic violence. ASAP will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. ASAP may disclose Health Information to a health oversight agency 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 health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. ASAP may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, ASAP may disclose Health Information in response to a court or administrative order. ASAP also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. ASAP may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, ASAP are unable to obtain the person's agreement; (4) about a death ASAP believes may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency 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, Medical Examiners and Funeral Directors. ASAP may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. ASAP also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. ASAP may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. ASAP may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

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

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT:

Individuals Involved in Your Care or Payment for Your Care. Unless you object, ASAP may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, ASAP may disclose such information as necessary if ASAP determines that it is in your best interest based on our professional judgment.

Disaster Relief. ASAP may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. ASAP will provide you with an opportunity to agree or object to such a disclosure whenever ASAP practically can do so.

ASAP DOES NOT DO THE FOLLOWING UNDER ANY CIRCUMSTANCES:

1. Use and disclose Protected Health Information for marketing purposes
2. Sell your Protected Health Information to any other entity

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 us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and ASAP will no longer disclose Protected Health Information under the authorization. But disclosure that ASAP made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding your Protected Health Information:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to:

David Baum, Psy.D. LICDC
9403 Kenwood Road C-212,
Cincinnati, OH 45242

ASAP will provide your Protected Health Information within 30 days of your written request and ASAP may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. ASAP may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. ASAP may deny your request in certain limited circumstances. If ASAP does deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and ASAP will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. ASAP will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. ASAP may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that the Health Information ASAP has 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 our office. To request an amendment, you must make your request, in writing, to:

David Baum, Psy.D. LICDC
9403 Kenwood Road C-212,
Cincinnati, OH 45242

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures ASAP made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to:

David Baum, Psy.D. LICDC
9403 Kenwood Road C-212,
Cincinnati, OH 45242

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information ASAP uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information ASAP discloses to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that ASAP not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to:

David Baum, Psy.D. LICDC
9403 Kenwood Road C-212,
Cincinnati, OH 45242

ASAP is 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 ASAP agrees, ASAP will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that ASAP not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and ASAP will honor that request.

Right to Request Confidential Communications. You have the right to request that ASAP communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that ASAP only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to:

David Baum, Psy.D. LICDC
9403 Kenwood Road C-212,
Cincinnati, OH 45242

Your request must specify how or where you wish to be contacted. ASAP will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. 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. You may obtain a copy of this notice at our web site, www.asapcincinnati.com/npp.

To obtain a paper copy of this notice, send a written request to:

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