



This Notice described how personal health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. For help to translate or understand this information, please call 215-947-8654.

Covered Entities Duties: Growth Opportunity Center is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Growth Opportunity Center is required by law to maintain the privacy of your protected personal health information (PHI). We must give you this Notice. It includes our legal duties and privacy practices related to your PHI. We must follow the terms of the current notice. We must let you know if there is a breach of your unsecured PHI. This Notice describes how we may use and disclose your PHI. It describes your rights to access, change and manage your PHI. It also says how to use rights. Growth Opportunity Center can change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have. We can also make it effective for any of your PHI we get in the future Growth Opportunity Center will promptly update and this Notice whenever there is a material change to the following stated in the notice:

- The Uses and Disclosures
- Your Rights
- Our Legal Duties
- Other privacy practices stated in the notice

Updated notices will be on our website. A copy is also available on our patient portal.

Uses and Disclosures of Your PHI: The following is a list of how we may use or disclose your PHI without your permission or authorization:

Treatment We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you. We do this to coordinate your treatment among providers. We also do this to help plan a course of treatment that may include medication, therapies, tests, etc. including prior authorization decisions related to your care and benefits.

Payment We may use and disclose your PHI to make benefit payments for healthcare services. We may disclose your PHI for payment purposes to your health plan, the person responsible for your payment, or other entity. This is subject to the federal Privacy Rules. Payment activities may include: processing claims; determining eligibility or coverage for claims; issuing billing; reviewing services for medical necessity; performing utilization review of claims.

Healthcare Operations We may use and disclose your PHI to perform our healthcare operations. These activities may include: providing customer services; responding to complaints and appeals; providing case management and care coordination; conducting medical review of claims and other quality assessment; improvement activities. In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following: quality assessment and improvement activities; reviewing the competence or qualifications of healthcare professionals; case management and care coordination; detecting or preventing healthcare fraud and abuse.

Appointment Reminders/Treatment Alternatives We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us. We may also use or disclose it to give you information about treatment alternatives. We may also use or disclose it for other health-related benefits and services. For example, information on other services that may be of interest to you.

As Required by Law If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information. We only permit this when the use or disclosure complies with the law. The use or disclosure is limited to the requirements of the law. There could be other laws or regulations that conflict. If this happens, we will comply with the more restrictive laws or regulations.

Public Health Activities We may disclose your PHI to a public health authority to prevent or control disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA). We can do this to ensure the quality, safety, or effectiveness of products or services under the control of the FDA.

Victims of Abuse and Neglect We may disclose your PHI to a local, state, or federal government authority. This includes social services or protective services agency authorized by law to have these reports. We will do this if we have a reasonable belief of abuse, neglect, or interpersonal violence.

Judicial and Administrative Proceedings We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following: court order; administrative tribunal; subpoena; summons; warrant; discovery request or similar legal request.

Law Enforcement We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a: court order; court-ordered warrant; Grand Jury subpoena; summons issued by a judicial officer; or other lawful process. We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

Coroners, Medical Examiners and Funeral Directors We may disclose your PHI to a coroner or medical examiner. This may be needed, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as needed, to carry out their duties.

Organ, Eye and Tissue Donation We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of: cadaveric organs; eyes; and tissues.

Threats to Health and Safety We may use or disclose your PHI if we believe, in good faith, that it is needed to prevent or lessen a serious or imminent threat. This includes threats to the health or safety of a person or the public.

Specialized Government Functions If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI: to authorized federal officials for national security; to intelligence activities; the Department of State for medical suitability determinations; for protective services of the President or other authorized persons.

Workers' Compensation We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law. These are programs that provide benefits for work-related injuries or illness without regard to fault.

Emergency Situations We may disclose your PHI in an emergency situation, or if you are unable to respond or not present. This includes to a family member, close personal friend, authorized disaster relief agency, or any other person you told us about. We will use professional judgment and experience to decide if the disclosure is in your

best interests. If it is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.

Research Your authorization to participate and disclose your PHI would be obtained for projects that have been approved by Institutional Review Board where safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization: We are required to obtain your written authorization to use or disclose your PHI, with few exceptions, for the following reasons:

Sale of PHI. GOC will not engage in the sale of your PHI. Your written approval is obtained before making any disclosure that is deemed a sale of your PHI.

Marketing. We will request your written approval to use or disclose your PHI for marketing purposes with limited exceptions. For example, when we have face-to-face marketing communications with you, or when we give promotional gifts of nominal value.

Psychotherapy Notes. We will request your written approval to use or disclose any of your psychotherapy notes that we may have on file with limited exception. For example, for certain treatment, payment, or healthcare operation functions.

The confidentiality of Alcohol and Drug use treatment records, HIV-related information, and Mental Health records is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.

All other uses and disclosures of your PHI not described in this Notice will be made only with your written consent/authorization. You may take back your consent/authorization at any time. The request to take back consent/authorization must be in writing. Your request to take back consent/authorization will go into effect as soon as you request it. There are two cases it won't take effect as soon as you request it. The first case is when we have already taken actions based on past consent/authorization. The second case is before we receive your written request to stop.

Your Rights: The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us. Our contact information is at the end of this Notice.

Right to Access and Received Copy of your PHI You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may ask that we give copies in a format other than photocopies. We will use the format you ask for unless we cannot practicably do so. You must ask in writing to get access to your PHI. If we deny your request, we will give you a written explanation. We will tell you if the reasons for the denial can be reviewed. We will also let you know how to ask for a review or if the denial cannot be reviewed.

Right to Receive an Accounting of Disclosures You have the right to get a list of times within the last six year period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you ask for this more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will give you more information on our fees at the time of your request.

Right to Change your PHI You have the right to ask that we change your PHI if you believe it has wrong information. You must ask in writing. You must explain why the information should be changed. We may deny your request for certain reasons. For example, if we did not create the information you want changed and the creator of the PHI is

able to perform the change. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision. We will attach your statement to the PHI you ask that we change. If we accept your request to change the information, we will make reasonable efforts to inform others of the change. This includes people you name. We will also make the effort to include the changes in any future disclosures of that information.

Right to Request Restrictions You have the right to ask for restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations. You can also ask for disclosures to persons involved in your care or payment of your care. This includes family members or close friends. Your request should state the restrictions you are asking for. It should also say to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request. We will not comply if the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.

Right to Request Confidential Communications You have the right to ask that we communicate with you about your PHI in other ways or locations. This right only applies if the information could endanger you if it is not communicated in other ways or locations. You do not have to explain the reason for your request. However, you must state that the information could endanger you if the change is not made. We must work with your request if it is reasonable and states the other way or location where you PHI should be delivered.

Right to File a Complaint If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us. You can also do this in writing or by email. Use the contact information at the end of this Notice. You can also submit a written complaint to the U.S. Department of Health and Human Services (HHS). See the contact information on the HHS website at www.hhs.gov/ocr. If you request, we will provide you with the address to file a written complaint with HHS. We will not take action against you for filing a complaint.

Right to Receive a Copy of this Notice You may ask for a copy of our Notice at any time. Use the contact information listed at the end of the Notice. If you view this Notice on our website, lobby, or patient portal, you may request a paper copy of the Notice from our business office.

Right to opt out of receiving fundraising communications GOC may contact you for fundraising efforts, but you can ask not to be contacted again.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights, you can contact us in writing or by phone. Use the contact information listed below.

Growth Opportunity Center
Attn: Privacy Official
928 Jaymor Road, Suite B-150
Southampton, PA 18966
215-947-8654

You may also file a complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR).

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave., S.W. Room 509F, HHH Bldg. Washington, DC 20201
www.hhs.gov/ocr/privacy/hipaa/complaints/

This Notice is in effect as of July 24, 2024.