

EXHIBIT A
NOTICE OF PRIVACY PRACTICES



Effective as of August 28th, 2023

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.

This Notice of Privacy Practices applies to:

In this notice we use the terms “we,” “us,” and “our” to describe the individual providers participating in the Mindful Therapy Group Organized Health Care Arrangement (OHCA Providers). The notice describes our practices and that of:

- Any health care professional authorized to enter information into the Mindful Therapy Group electronic health record.
- Health professionals under the OHCA when providing services at Mindful Therapy Group facilities

Your Rights

When it comes to health information about you, you have certain rights. . You have the right to:

- Request an electronic or paper copy of the medical record – You may request a copy of certain health information we have about you.
- Correct the medical record - You may ask your OHCA Provider to correct health information that you think is incorrect or incomplete.
- Request confidential communication - You may ask us to contact you in a specific way (for example, at your home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- Ask us to limit the information we share - You may ask us not to use or share certain health information for treatment, payment, or our operations. In most cases, we are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Get a list of those with whom we have shared information about you - You may ask for a list (accounting) of the times we have shared health information about you for up to six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Receive a copy of this privacy notice - You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

- Choose someone to act for you - 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 verify that the person has this authority and can act for you before we take any action.

How do we typically use or share health information?

- Treatment: We will use and share health information to treat you. Example: An MTG staff member will record information provided and enter it into the electronic health record to be used by your OHCA Provider to treat you.
- Payment: We may use and share health information about you to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for the services you receive.
- Operations: We may use and share health information about you to run our business, improve your care, and contact you when necessary. Example: We use health information about you to coordinate your treatment and services.
- Our business associates: We may share health information with those who provide services to us that involve using or disclosing health information. We require our business associates to agree to protect the privacy and security of health information and to safeguard your rights.

How else may we use or share health information?

We are allowed or required to share information about you in other ways – usually in ways that contribute to the public good Or as required by law. We must meet many conditions in the law before we may share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html. For example, we may use and share health information:

- For law enforcement purposes
- With health oversight agencies for activities authorized by law
- In response to a court or administrative order, or in response to a subpoena
- To respond to lawsuits and legal actions
- To prevent or reduce a serious threat to anyone's health or safety
- To report suspected abuse, neglect, or domestic violence
- For workers' compensation claims
- For special government functions such as military, national security, and presidential protective services
- With a coroner, medical examiner, or funeral director when an individual dies
- For limited research purposes

Your Choices

For certain situations, you may make choices about what we share. If you have a clear preference for how we share information about you in the situations described below, tell us what you want us to do. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share information about you if we believe it is in your best interest.

Authorizations

Health information about you will not be used or disclosed without your written permission except as described in this notice. You may change your mind regarding authorizations you have provided at any time by submitting an updated written notice. We never share information about you unless you give us written permission for:

- Marketing or fundraising purposes
- Sharing of psychotherapy notes
- Sale of protected health information

Our Responsibilities

We are required by law to maintain the privacy and security of protected health information. We must follow the practices described in this notice and give you a copy of this notice. We will let you know if a breach occurs that may have compromised the privacy or security of information.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice at any time. Any new Notice of Privacy Practices will be effective for all health that we maintain at that time. We will make available a revised Notice of Privacy Practices by posting the revised version on the Mindful Therapy Group website.

For More Information or to Report an Issue

If you have questions about this notice, or would like additional information, you may contact our Privacy Officer at the telephone number listed below. If you believe that your rights

have been violated, you have the right to file a complaint with our Privacy Officer or with the Department of Health and Human Services. All complaints to our Privacy Officer should be in writing and describe the concern.

Privacy Contact Information:

Nicole Pauly, HIPAA Compliance Officer
Phone: 425-640-7009, ext. 1133