

InnerVision Therapy, LLC
1117 Woodward Drive, Suite 4
Greensburg, PA 15601
724-832-0432

NOTICE OF PRIVACY PRACTICE
Effective Date: 9/23/2013

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Omnibus HIPAA Rule of 2013.

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 InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601.

This notice describes the privacy practices of InnerVision Therapy, LLC.

All sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at InnerVision Therapy, LLC. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by InnerVision Therapy, LLC, whether made by InnerVision Therapy, LLC. personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical 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. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students, or other InnerVision Therapy, LLC personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of InnerVision Therapy, LLC also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. Medical information may also be disclosed to facilitate appropriate medical care after you are discharged from InnerVision Therapy, LLC.

For Payment We may use and disclose medical information about you so that the treatment and services you receive 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 health plan information about surgery you received at InnerVision Therapy, LLC so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. You have the right to request a restriction on certain disclosures to your health plan when you pay for your care at InnerVision Therapy, LLC out of pocket in full for health care items or services provided by InnerVision Therapy, LLC or designated system member.

For Health Care Operation We may use and disclose medical information about you for InnerVision Therapy, LLC operations. These uses and disclosures are necessary to run InnerVision Therapy, LLC and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many InnerVision Therapy, LLC patients to decide what additional services InnerVision Therapy, LLC should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, students of local allied health or similar programs, and other InnerVision Therapy, LLC personnel for review and learning purposes. We may also combine the medical information we have with medical information from other InnerVision Therapy, LLC to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at InnerVision Therapy, LLC

Treatment Alternatives We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

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

Individuals Involved in Your Care or Payment for Your Care We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your

condition and that you are in InnerVision Therapy, LLC. In addition, we may disclose medical 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.

Fundraising InnerVision Therapy, LLC must provide you with an opportunity to opt out of receiving information about InnerVision Therapy, LLC fundraising activities if we intend to contact you to solicit funds. We cannot discontinue your treatment on your choice not to participate in the receipt of fundraising communications. However, you may always change your mind and let us know that you have decided not to accept fundraising communications. We may use medical information about you to contact you in an effort to raise money for InnerVision Therapy, LLC and its operations. Any fundraising information we provided you with must contain instructions on how to opt-out of receiving any further fundraising commitment. We only would release contact information, such as your name, address and phone number. For example, if a patient is being treated for diabetes, we may contact that patient to see if they would like to be involved in our InnerVision Therapy, LLC fundraiser for Diabetes.

Marketing and Sale of your PHI We will not engage in any marketing activities, as that term is defined under HIPAA, and we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization.

Research We may use medical information to see if you are eligible for clinical research studies that are being coordinated at InnerVision Therapy, LLC. We may approach you to tell you about or recommend possible clinical research studies that you may want to consider. Before clinical research studies can be conducted at InnerVision Therapy, LLC, they must be approved by a diversified group called The Institutional Review Board (IRB). The IRB reviews submitted clinical research studies and determines its significance as a clinical study, the risk/benefit analysis to the participant, the protection of human rights, and the method of reporting the research results as a contribution to generalized knowledge. Participation in clinical research studies is voluntary. You will continue to receive the same standard of care whether you choose to or not to participate in a clinical research study. We will obtain your consent before any identifiable medical information is shared with an agency outside of InnerVision Therapy, LLC. You may choose to withdraw your consent to participate in a clinical research study at any time.

As Required By Law We will disclose medical information about you when required to do so by federal, state or local law.

NOTE: Pennsylvania and Federal law provide protection for disclosure of certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others.

To Avert a Serious Threat to Health or Safety We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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

Workers' Compensation We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Minors and Guardians If you are a minor (under 18 years old), under legal guardianship or have given a power of attorney to someone, we will comply with Pennsylvania law for these situations. We may release certain types of your medical information to your parent, guardian or power of attorney, if such release is permitted or required by law.

Decedents We may disclose PHI to the personal representative of the decedent, to a family member or other person involved in an individual's care or payment for care prior to the decedent's death unless doing so would be inconsistent with the decedent's prior expressed preference that InnerVision Therapy is aware of.

Public Health Risks We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report suspected child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe, you the patient has been a victim of abuse, neglect or domestic violence. We will make this notification either with your permission or when required or authorized by law.

Health Oversight Activities We may disclose medical information to a health oversight agency for activities authorized by state or federal law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the federal and state governments to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, medical information about you may be disclosed by us in response to a court or administrative order. We may also disclose medical information about you in response to a valid subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if the party seeking the information has made attempts to notify you of the request and you or your attorney has not objected to the request, or the court has issued an order not to produce the information.

Law Enforcement We may release medical 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 InnerVision Therapy, LLC ; 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, Medical Examiners and Funeral Directors We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about the patients of InnerVision Therapy, LLC to funeral directors as necessary to carry out their duties.

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

Protective Services for the President and Others We may disclose medical information about you to authorized 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 the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be 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) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Access, Inspect and Copy You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by InnerVision Therapy, LLC 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.

If we use or maintain electronic health records ("EHR") for your PHI, you have the right to access your PHI contained in an EHR, and to direct us to send a copy of the EHR to a designated third party, so long

as the request is in writing and identifies the individual or entity to whom the PHI is to be sent. We have the right to charge you reasonable costs for the copying and mailing of the PHI. We will provide you access to your electronic record in electronic format form so long as it is readily producible in electronic form or format. If not, we will provide you with a paper copy. You may also request/authorize us to send a copy of your record to a third party designated by you when the request is in writing, signed by you, and you provide clear direction as to the person and their location who is to receive the record copy. We may charge you for postage, etc.

Right to Amend If you feel that medical 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 InnerVision Therapy, LLC.

To request an amendment, your request must be made in writing and submitted to InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601. 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 the information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for InnerVision Therapy, LLC ;
- 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 the disclosures we made of medical information about you for purposes other than treatment, payment or health care operations, as described in this Notice. It also excludes disclosures we may have made to you; to others where you have authorized the disclosure; disclosures for InnerVision Therapy, LLC directory; disclosures to family, friends or others if they are involved in your care or to notify such people of your condition or location in InnerVision Therapy, LLC.

To request this list or accounting of disclosures, you must submit your request in writing to InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical 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. For example, you could ask that we not use or disclose information about a surgery that you had.

With certain exceptions, we may use and disclose medical information about you so that the treatment and services you receive 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 health plan information about surgery

you received at InnerVision Therapy, LLC so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. You have the right to request a restriction on certain disclosures to your health plan when you pay for your care at InnerVision Therapy, LLC out of pocket in full for health care items or services provided by InnerVision Therapy, LLC.

We are not required to agree to your request unless your request relates to self-paid care not being reported/disclosed to your health plan. In all other circumstances, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601. 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 medical 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 InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your requests must specify how or where you wish to be contacted.

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 also request a paper copy of this notice at any of our provider sites, or by sending a written request for a copy to InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601.

Right To Receive Notifications Of Data Breach We are required to notify you upon a breach of any unsecured protected health information (PHI). PHI is "unsecured" if it is not protected by a technology or methodology specified by the Secretary of the U.S. Department of Health and Human Services (Secretary). The notice must be made within 60 days from when we become aware of the breach. The notice must include: (a) a brief description of the breach, including the date of breach and discovery; (b) a description of the types of unsecured PHI disclosed or misappropriated during the breach; (c) the steps you can take to protect your identity; (d) a description of our actions to investigate the breach and mitigate harm now and in the future; and (e) contact procedures for affected individuals to find additional information.

We must notify you in writing by first class mail (unless you have opted for electronic communications with us). However, if we have insufficient contact information about you, an alternative notice method may be used. If a breach affects more than 500 individuals, we must immediately notify the Secretary after which the Secretary will post our name on its internet website. Additionally, we may be required to publish a notice in a prominent media outlet in each state or jurisdiction where more than 500 individuals' unsecured PHI has been breached. For breaches involving less than 500 individuals, we may maintain a log of such breaches to submit annually to the Secretary. Finally, we may give telephonic notice to you if we reasonably believe there is a possibility of imminent misuse of your unsecured PHI; however, such telephonic notice will not substitute for our written notice obligations.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in InnerVision Therapy, LLC. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to InnerVision Therapy, LLC for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your authorization. If you provided us permission to use or disclose medical information about you, you may revoke that permission, in writing at any time. To revoke an authorization, please submit the revocation in writing to InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601. If you revoke your permission, we will no longer use or disclose medical 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.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with InnerVision Therapy, LLC or with the Secretary of the U.S. Department of Health and Human Services at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. To file a complaint with InnerVision Therapy, LLC, contact InnerVision Therapy, LLC's Privacy Officer at: InnerVision Therapy, LLC; Attention: Privacy Officer; 1117 Woodward Drive, Suite 4 Greensburg, PA 15601.

You will not be denied care, discriminated against or otherwise penalized or retaliated against for filing a complaint.

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