



Notice of Privacy Practices

Effective Date: January 1, 2024

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT A CLIENT MAY BE USED AND DISCLOSED AND HOW CLIENT AND/OR A PARENT/GUARDIAN CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Opya, Inc. (“Opya”, “we”, “us”) is required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to provide confidentiality for all medical/mental health records and other individually identifiable health information in our possession. This Notice is to inform you of the uses and disclosures of confidential information that may be made by Opya, Opya’s legal duties with respect to confidential information, and of your individual rights. This Notice takes effect January 1, 2024 and remains in effect until we replace it.

Our Pledge Regarding Medical and/or Mental/Behavioral Health Information

- We understand that information about you and your health is personal.
- We are committed to protecting information about you.

We create a record of the care and services you receive. 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 us.

Ways in which we may use and disclose your Protected Health Information (PHI):

We may use and disclose, at our discretion, your health information for each of the following purposes only. 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 following categories:

- **Disclosure at Your Request.** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.
- **For Treatment.** We may disclose information for providing, coordinating or managing treatment and related services.
- **For Payment.** We may use and disclose information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. For example, we may need to give information about treatment you received to your health plan so it will pay us or reimburse you for the treatment.
- **Health Care Operations.** We may use and disclose information about you for health care operations. These uses and disclosures are necessary to run our facility and make sure that you receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Incidental Uses and Disclosures.** There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.
- **Members of Our Workforce.** It is our policy to allow members of our workforce to share client health information with one another to the extent necessary to permit them to perform their legitimate functions. At the same time, we will work with and train our workforce members to ensure that there are no unnecessary or extraneous communications that will violate your rights to have the confidentiality of your health information maintained.
- **Business Associates.** Opya may contract with certain individuals or entities to provide services on its behalf. Examples include data processing/data exchange, quality assurance, legal or accounting services. We may disclose health information to a business associate, only as necessary, to allow the business associate to perform its functions on behalf of Opya. We will have a contract with our business associates which obligates them to maintain the confidentiality of your health information.

- **Appointment Reminders.** We may use or disclose information about you to inform you about appointments.
- **Family Members or Others You Designate.** We may disclose your information with your family members or others you designate as a caregiver so long as the information is limited to information directly relevant to that person's involvement in the client's care. For example, we may tell a person living with you that you need plenty of rest. We will not disclose your information if you specifically request that we do not.
- **As Required by Law.** We will disclose information about you when required to do so by federal, state or local law.
- **Research.** We may occasionally conduct studies that may involve your current care, or that involve reviews of your medical history. For example, research is ongoing to advance care, to compare the health of patients who have received one medication with those who have received another treatment for the same condition, and to learn from medical record studies. We generally ask for your written authorization before using your health information or sharing it with others to conduct research. Under limited circumstances, we may use and disclose your health information without your authorization. In most of these latter situations, we must comply legally and obtain approval through an independent review process to ensure that research conducted without your authorization poses minimal risk to your privacy. Researchers may also contact you to see if you are interested in, or eligible to participate, in a study.

Special Situations that Do Not Require Your Authorization

- **Public Health Activities.** We may disclose information about you for public health activities. These activities may include, without limitation, the following:
 - To prevent or control disease, injury or disability;
 - To report regarding the abuse or neglect of children, elders and dependent adults;
 - To notify a person whom may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify emergency response employees regarding exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.
- **As Required by Law.** We will use and disclose your protected health information when required by federal, state or local law. There are certain situations in which as a provider we may be required to reveal information obtained during therapy to persons or agencies even if you do not give permission. These situations are as follows: (a) If you threaten grave bodily harm or death to yourself or another person, we may be required to inform the intended victim and/or appropriate law enforcement agencies; (b) if you report to us your knowledge of physical or sexual abuse of a minor child, or of an elder (over 65), or any sexual conduct/contact with a minor; we are required by law to inform the appropriate child welfare or social agency which may then investigate the matter; (c) if we are required by a court of law (court order) to turn over records to the court or if we are ordered to testify regarding those records.
- **Multidisciplinary Personnel Teams.** We may disclose information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse or dependent adult and neglect.
- **Therapy Notes.** Therapy notes are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session; or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. We may use or disclose your therapy notes, as required by law, or:
 - For use by the originator of the notes;
 - In supervised mental health training programs for students, trainees, or practitioners;
 - By the covered entity to defend a legal action or other proceeding brought by the individual;
 - To prevent or lessen a serious and imminent threat to the health or safety of a person or the public;

- For the health oversight of the originator of the psychotherapy notes.

Your Rights Regarding Medical and/or Mental/Behavioral Health Information About You:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and obtain a copy of information that may be used to make decisions about you, you must submit your request in writing to quality@opyacare.com or to Opya, Inc., Attn: Records, 400 Concar Dr. Suite 04-134, San Mateo, CA 94402. 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 obtain a copy in certain, very limited circumstances. If you are denied access to mental health/behavioral information, you may request that the denial be reviewed. Another licensed health 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 Amend.** If you feel that 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 us. To request an amendment, your request must be made in writing and submitted to quality@opyacare.com or to Opya, Inc., Attn: Records, 400 Concar Dr. Suite 04-134, San Mateo, CA 94402. In addition, you may 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 the amendment;
- Is not part of the information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your health record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- **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 information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions by law.

To request this list of accounting of disclosures, you must submit your request in writing to quality@opyacare.com or to Opya, Inc. Attn: Records, 400 Concar Dr. Suite 04-134, San Mateo, CA 94402. Your request must state a time period which may not be longer than the prior six years. Your request should indicate in what form you want the list (e.g., 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. In addition, we will notify you as required by law following a breach of your unsecured protected health information.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the 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 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 therapy you received.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree to another special restriction, 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 quality@opyacare.com or to Opya, Inc., Attn: Records, 400 Concar Dr. Suite 04-134, San Mateo, CA 94402. 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 quality@opyacare.com or to Opya, Inc, Attn: Records, 400 Concar Dr. Suite 04-134, San Mateo, CA 94402. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request 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. To obtain a paper copy of this notice contact quality@opyacare.com or Opya, Inc., Attn: Records, 400 Concar Dr. Suite 04-134, San Mateo, CA 94402.

Other Uses of Medical Health Information. Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke the permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.

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 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 the facility. The notice will contain the effective date on the first page.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us and by contacting the U.S. Department of Health and Human Services, Office of Civil Rights by sending a letter to: 90 7th Street, Suite 4-100, San Francisco, CA 94103, Attention: OCR Regional Manager; and/or by calling (800) 368-1019, faxing (202) 619-3818, TDD (800) 537-7697 or by emailing OCRmail@hhs.gov. All complaints must be submitted in writing. Opya will not retaliate or otherwise penalize you if you file a complaint.