

PRIVACY STATEMENT

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.

Steps Therapy Inc, in compliance with the Health Insurance Portability and Accountability Act (HIPAA), maintains the privacy of protected health information (PHI), provides notice of our legal duties and privacy practices, and applies protections to how PHI is used and disclosed. CGH must abide by the terms of the notice currently in effect. The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose information fall within one of the categories. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

FOR TREATMENT

- To provide, coordinate, and manage health care and related services by one or more health care providers
- To people outside Steps Therapy Inc who may be involved in your medical care after you leave

FOR PAYMENT

- To bill and collect payment for treatment and services provided to you
- To confirm coverage
- For utilization review activities

FOR EXAMPLE: A bill for your visit is sent to your insurance company for payment.

HEALTH CARE OPERATIONS

- For our business operations, such as conducting quality assessment and improvement activities, medical reviews, legal services, and auditing functions
- To review our treatment and services, and to evaluate our competency and performance

WE MAY CONTACT YOU

- To provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

- To your personal representative, or family member or friend you indicate who is involved in your medical care.
- interested in the study. At that time, you are contacted and provided with more information. You have the right to authorize continued contact or refuse further contact.

THE FOLLOWING USES AND DISCLOSURES ARE REQUIRED BY LAW AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

- To prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, is only to someone able to help prevent the threat.

PUBLIC HEALTH RISKS

- 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 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 disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES

- To a health oversight agency for activities authorized by law. These oversight activities include, for example, audit, 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.

LAWSUITS AND DISPUTES

- In response to a court or administrative order if you are involved in a lawsuit or a dispute.
- In response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT

- 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 the hospital
- 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

OTHER USES OF PROTECTED HEALTH INFORMATION

- Other uses and disclosures of health information not covered by this notice or the laws that apply to us are made only with your written authorization. You may revoke such authorization in writing at any time.
- We are required to honor and abide by that written request, except to the extent that we are unable to take back any disclosures we have already made with your authorization.

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 at the Steps Therapy Inc
- , 6960 Destiny Drive, Ste 117 Rocklin, CA 95677.
- We do not ask you the reason for your request. We accommodate all reasonable requests.
- Your request must specify how or where you wish to be contacted and how bill payment will be handled.

RIGHT TO INSPECT AND COPY

- You have the right to inspect and copy protected health information that may be used to make decisions about your care.
- Usually, this includes medical and billing records.
- 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. Please allow at least 48 hours to accommodate your request.

RIGHT TO AMEND

- If you believe that health information we have about you is incorrect or incomplete, you have the right to request an amendment.
- To request an amendment, your request must be made in writing and submitted to the Steps Therapy Inc., 6960 Destiny Dr, Ste 117, Rocklin, CA 95677
- In addition, you must provide a reason that supports your request. This process does not include changes to PHI (protected health information) in demographic information (address, phone #, name change, etc).
- 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:
 - a. Was not created by us, unless the person or entity that created the information is no longer available to
 - b. respond to the amendment
 - c. Is not part of the medical information kept by or for the hospital
 - d. Is not part of the information which you would be permitted to inspect and copy
 - e. 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 health information about you that was released as described above due to required reporting.
- To request this list or accounting of disclosures, you must submit your request in writing to the
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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.