

NOTICE OF PRIVACY PRACTICES



<p style="text-align: center;">THIS NOTICE DESCRIBES HOW YOUR BEHAVIORAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW DEI'S CARE WILL ACCESS YOUR INFORMATION TO PROVIDE THE BEST CLINICAL TREATMENT POSSIBLE</p> <p style="text-align: center;">PLEASE REVIEW IT CAREFULLY</p>	<p><u>Our promise regarding your information:</u> We are required by law to: • make sure that any information you provide is kept private (*with certain exceptions); • give you this Notice describing our legal duties and privacy practices with respect to medical and personal information about you; and • follow the terms of the Notice that is currently in effect.</p>
<p>OVERALL TREATMENT We will use information you provide us about you to provide you with behavior treatment or services. Per your permission via signed released forms, we may disclose information about you to doctors, nurses, therapists, technicians, interns, medical students, residents or other health care personnel who are involved in taking care of you, including offering you medical advice, or to interpreters needed in order to make your treatment accessible to you.</p> <p>The treatment plan and other service documents and assessments developed by Dei's Care will be documented in your record in conjunction with any other related documents so that other health care professionals can coordinate the different things you need, such as behavioral interventions, therapies, medical referrals, etc. We also may disclose medical information about you to people outside our facilities who may be involved in your continuing medical care, such as therapists, specialists, other health care providers, case managers, community agencies, family members, and contracted individuals.</p>	<p>BIBLICAL/SPIRITUAL/CULTURAL TREATMENT We will gather spiritual, religious and cultural information from you to better assist in pairing up clinical treatment with your spiritual, religious and cultural preference. We will not discriminate or deny services as a result of your personal preferences. While we will respect your personal preferences, Dei's Care uses bible based treatment that is grounded on the belief that God is Triune including Father, Son and Holy Spirit and Jesus Christ is the Savior by which He uses the Bible as a guidance to living out a life here on earth in preparation to a life with Him in Heaven. We will not force, coerce or attempt to persuade you or your child to follow or practice these beliefs. At any time, you have the right to discontinue treatment if treatment, services and/or recommendations do not respect your personal preferences with the understanding that all monies will be due and/or you must continue with payment plan. We also have the right to discontinue treatment at any time services are being effected by personal preferences not in alignment with the biblical mission of Dei's Care.</p>
<p>FOR REMINDERS We may contact you to remind you that you have an appointment, or that you should make an appointment at one of our facilities.</p>	<p>AS REQUIRED BY LAW We will disclose medical information about you when required to do so by federal, state, or local law.</p>
<p>FOR HEALTH-RELATED BENEFITS & SERVICES We may contact you about benefits or services that we provide that will reinforce the treatment you are currently given. These benefits and services may or may not be included in the treatment price. They will not be required to continue treatment but may hinder treatment effectiveness</p>	<p>TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY We may use and disclose your medical information when necessary to prevent or lessen a serious and imminent threat to your health or safety or someone else's. Any disclosure would be to someone able to help stop or reduce the threat.</p>

NOTICE OF PRIVACY PRACTICES



<p>FOR TREATMENT ALTERNATIVES We may tell you about or recommend possible treatment options or alternatives that may be of interest to you in which reinforces the treatment we recommend and/or that can better meet the behavior needs of the child.</p>	<p>FOR DISASTER RELIEF We may disclose your name, city where you live, age, sex, and general condition to a public or private disaster relief organization to assist disaster relief efforts, and to notify your family about your location and status, unless you object at the time.</p>
<p>TO FAMILY/OTHERS WHEN YOU ARE PRESENT Sometimes a family member or others involved in your or your child's care will be present when we are discussing or implementing treatment. If you object, please tell us and we won't discuss your treatment in front of them or we will ask the person to leave. If members are active in the care of you and/or your child they may be asked to participate in treatment for generalization.</p>	<p>FOR HEALTH OVERSIGHT ACTIVITIES As a behavioral health care business we are subject to have oversight by accrediting, licensing, federal, and state agencies. These agencies may conduct audits on our operations and activities, and in that process they may review your medical, behavioral and personal information related to your healthcare.</p>
<p>TO FAMILY/OTHERS WHEN YOU ARE NOT PRESENT There may be times when it is necessary to disclose your information to a family member or other person involved in you and your child's care because there is an emergency, you are not present, or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgment to determine if it is in your best interest to disclose any pertinent information. If so, we will limit the disclosure to the medical, behavioral and/or personal information that is directly relevant to you and/or the child's involvement with care. For example, we may allow persons listed on emergency contact lists to pick up the child for you if you are not physically able to.</p>	<p>FOR LAWSUITS AND OTHER LEGAL ACTIONS In connection with lawsuits, or other legal proceedings, we may disclose medical, behavioral, and personal information about you and your child in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose the same information to courts, attorneys, and court employees in the course of conservatorship and certain other judicial or administrative proceedings. We may also use and disclose the same information, to the extent permitted by law, without your consent to defend a lawsuit.</p>
<p>MARKETING, SALES & FUNDING SOURCES We will not sell or give your information to an outside agency for the purposes of marketing their products to you or use your information for business marketing, sales and funding sources without your written authorization. Any video, photographs or recordings done on the site of Dei's Care will have already had your release to do so; however, they will not be used for marketing, sales and funding sources without additional consent and explanation of its purposes. Any revenue and payments via marketing, sales or funding sources are for the sole purpose of Dei's Care Treatment and Services and will not be dispersed amongst you or your child.</p>	<p>FOR LAW ENFORCEMENT If asked to do so by law enforcement, and as authorized or required by law, we may release medical, behavioral and personal information:</p> <ul style="list-style-type: none"> • to identify or locate a suspect, fugitive, material witness, or missing person; • about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; • about a death suspected to be the result of criminal conduct; • about criminal conduct at one of our facilities; and in case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

NOTICE OF PRIVACY PRACTICES



All other uses and disclosures of your medical, behavioral and personal information require your prior written authorization

Other uses and disclosures of medical, behavioral, and personal information not covered by this Notice or the laws that apply to us will be made only with your written permission and or via signed release form. These include:

- Consent for Treatment
- Financial and Payment Policy
- Release to share or receive information
- Release to record and/or photograph

If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. Please note that the revocation will not apply to any authorized use or disclosure of your information that took place before we received your revocation.

FOR RESEARCH of all kinds of research may involve the use or disclosure of your medical, behavioral and personal information. Your medical information can generally be used or disclosed for research without your permission if a legal institution is responsible, under federal law, for reviewing and approving human subjects research to protect the safety and welfare of the participants and the confidentiality of medical information. Your medical information may be important to further research efforts and the development of new knowledge. On occasion, researchers contact patients regarding their interest in participating in certain research studies. Enrollment in those studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form.

*As mandated reporters it is required that we report any suspect of abuse, neglect and/or harm done to patients, caregivers or related parties without any consent, warning or information provided to families.