



## Joint Notice of Privacy Practices

### **FORGE HEALTH OHCA**

This joint notice of privacy practices (this “Notice”) describes how Forge Health may use and disclose your Protected Health Information (PHI) and how you can obtain access to your medical records and information contained therein. Please review it carefully.

Forge Health is an Organized Health Care Arrangement (OHCA), and for the purposes of our privacy practices, the entities comprising our OCHA are considered a single covered entity. The Forge Health OHCA (“Forge Health”, “we”, or “us”) is comprised of the following entities listed below (each an “OHCA Member” and collectively, the “OHCA Members”):

- Post Acute Recovery, LLC
- Forge Medical Group LLC d/b/a Forge Health
- Strive Health LLC d/b/a Forge Health
- Western Pennsylvania Counseling Services LLC d/b/a Forge Health
- New England Counseling Services LLC d/b/a Forge Health
- From the Ashes LLC d/b/a The Kenneth Peters Center for Recovery
- Laurel Care South/West, LLC

The Forge Health OHCA was formed to make it easier for patients to receive care from multiple providers within Forge Health and to improve the quality-of-care Forge Health furnishes you. Membership in the Forge Health OHCA enables OHCA Members to share PHI among themselves to manage joint patient care and operations. Each OHCA Member is required by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its implementing regulations (collectively, “HIPAA”) to maintain the privacy and security of your PHI, which includes any information we obtain from you or others regarding your past, present, or future physical or mental health, including substance use disorder information, the care you have received, are receiving, or will receive, and payment for your care.

This Notice describes how OHCA Members use and disclose your health information and explains certain rights you have regarding this information. Each OHCA Member is required by law to provide you with this Notice and to comply with the terms as stated. We will only use or disclose your health information as described in this Notice. *Sharing excludes text messaging originator opt-in data and consent; this information will not be shared with any third parties.*

The privacy practices in this Notice will be followed by all OHCA Members, including all of their health care professionals, employees, and contracted staff providing services at Forge Health, all other Forge Health workforce members, and each OHCA Member’s business associates. This Notice does not alter the independent status of any OHCA Member nor does it make any of the OHCA Members jointly responsible for the negligence, mistakes, or violations of any of the other OHCA Members.

Please direct questions about this Notice to Forge Health’s Compliance Manager via email: [compliance@forgehealth.com](mailto:compliance@forgehealth.com).

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## HIPAA

The Forge Health OHCA and each OHCA Member is required by law to maintain the privacy and security of your PHI, to notify you of our obligations regarding your PHI, to notify you of our privacy practices with respect to your PHI, and to notify you following a breach of privacy or security of your PHI.

### **NO AUTHORIZATION REQUIRED**

We may use or disclose your PHI as authorized by applicable law and will use and disclose your PHI when required to do so by federal, state, or local law. The below categories describe the uses and disclosures of your PHI that we may make in accordance with applicable law:

1. Uses and Disclosures for Treatment, Payment, and Healthcare Operations. We may use and disclose your PHI in order to provide you with care or treatment, obtain payment for services furnished to you, and to conduct our healthcare operations.
  - a. *Treatment.* We may use and disclose your PHI to ensure that care provided to you by OHCA Members and their providers suits your needs and is coordinated with other care you receive outside of Forge Health. For example, your OHCA Member provider with whom you participate in therapy may discuss your mental health condition with either a Forge Health prescribing provider or your primary care provider to ensure the appropriateness of your medications.
  - b. *Payment.* We may use and disclose your PHI for payment purposes, which include but are not limited to determining your eligibility for benefits, billing insurance plans or state and federal sources of benefits through which you have coverage and assisting other healthcare providers in their payment activities.
  - c. *Operations.* We may use and disclose your PHI to support our internal operations, including care management, quality improvement, performance evaluation, resolving complaints and grievances, and helping other healthcare providers perform their healthcare operations.
  
2. Other Uses and Disclosures Not Requiring Your Consent. We may use and disclose your PHI without your authorization for certain purposes described below, as permitted by HIPAA.
  - a. *As Required by Law.* We may use and disclose your PHI as required by applicable federal, state, and local law.
  - b. *Inform Individuals Involved in Your Care or in Payment for Your Care.* We may disclose your PHI to guardians, close family members or relatives, or close personal friends who are assisting you in receiving treatment or services. Before we do so, we will notify you and give you an opportunity to object to any such disclosure, and we will not make such disclosures if you object. If you are not available, we will only make such disclosures if we believe it to be in your best interest under the circumstances according to our professional judgment.
  - c. *Personal Representatives.* We may disclose your PHI to your authorized personal representatives, such as your lawyer, health care proxy, or other authorized person responsible for you or your estate.
  - d. *Public Health Activities.* We may disclose your PHI to public health authorities or other agencies conducting public health activities, including without limitation preventing, tracking, or controlling diseases, conditions, or instances of abuse, neglect, or violence.

- e. *Victims of Abuse, Neglect, or Domestic Violence.* We may use and disclose your PHI to an appropriate government authority if we believe you are a victim of abuse, neglect, or domestic violence and you agree to the disclosure or the disclosure is otherwise permitted or required by law. We will notify you if we use or disclose your PHI for this purpose unless we believe that doing so will place you or another person in jeopardy.
- f. *Health Oversight Agency Activities.* We may disclose your PHI to federal, state, or local health oversight agencies for the purpose of conducting legally permitted activities, such as licensing surveys, audits, investigations, or site visit inspections.
- g. *Judicial and Administrative Proceedings.* We may disclose your PHI in response to court orders, legally valid order issued by a state or federal administrative agency or licensing board, or subpoenas, discovery requests or other lawful process.
- h. *Certain Limited Law Enforcement Purposes.* We may disclose your PHI to a law enforcement agency in limited circumstances, including to respond to a court order, warrant, summons, subpoena, investigative demand, or similar process; in limited fashion to help identify or locate a suspect, fugitive, or missing person; if the victim agrees or in certain other circumstances, to provide information about a victim of a crime; to report a death as a result of criminal activity; to report criminal conduct on our premises; or, in emergency situations, to report a crime, the location of the crime or the victims, or the identity, location or description of perpetrator.
- i. *Deceased Individuals.* We may disclose your PHI to a coroner, a medical examiner, or a funeral director so that they can carry out their duties
- j. *Threat to Health or Safety.* We may disclose your PHI to prevent or decrease a serious and imminent threat to a person's or the public's health or safety, or to public or private disaster relief organizations or anti-terrorism authorities.
- k. *Worker's Compensation.* We may disclose your PHI as authorized by and to comply with state law relating to worker's compensation or other similar benefits programs for work-related injuries.
- l. *Specialized Government Functions.* We may use or disclose your PHI to assist certain types of specialized government activities. For example, if you are a member of the armed forces, we may disclose your PHI to the appropriate military entity as necessary. We may also use or disclose your PHI to support lawful surveillance and national security activities.
- m. *Business Associates.* We may disclose your PHI to our contractors that provide services to us and who agree to adhere to the same standards of privacy and security regarding your PHI. These are called our "business associates." For example, we may contractor with companies to provide billing or care management services on our behalf. Business associates must protect your PHI and notify us of any inappropriate uses or disclosures of your PHI.
- n. *Organized Health Care Arrangement.* We may use or disclose your PHI to improve the care delivered by OHCA Members, including by sharing your PHI within the Forge Health OHCA and OHCA Member providers. For example, your PHI may be shared between Forge Medical Group LLC and North Jersey Therapy Services, LLC if you receive care from both entities so that your care can be coordinated and so that Forge Health can evaluate the quality of care delivered.
- o. *De-Identification and Partial De-Identification.* We may fully or partially de-identify your PHI by removing identifying features or elements in accordance with applicable law. Full de-identification makes it very unlikely that the resulting information would identify you, and we may use or disclose such de-identified information. Partial de-identification removes features or elements that directly identify you (name, address, social security number, phone number, driver's license number, email address), and we may use and



disclose the resulting information for public health, research, or healthcare operations purposes if the receiving party agrees to protect the privacy and security of such information in accordance with federal and state law.

- p. *Incidental Uses or Disclosures.* Incidental uses and disclosures of your PHI sometimes occur as a result of permitted uses and disclosures. These are limited in scope and cannot be reasonably prevented, and not considered to be a violation of your rights.
- q. *Appointments and Care Information.* We may use your PHI to contact you with reminders for your appointments or to inform you of treatment alternatives or other services that you may be interested in.

## **AUTHORIZATION REQUIRED**

Before we can use or disclose any information about your health in a manner not described above, we will first inform you of the purpose of the request and obtain your specific written consent to use and disclose your PHI for the stated purpose(s). We have created an Authorization to Use and Disclose Protected Health Information form (an "Authorization") to accomplish this. If you sign an Authorization, you can revoke or change it at a later time to stop future use and disclosure of your PHI, except to the extent we have already relied on it in using or disclosing your PHI. If you wish to revoke or change an Authorization, we request that you do so in writing by contacting [records@forgehealth.com](mailto:records@forgehealth.com).

Additionally, certain types of PHI, such as HIV-related information, genetic information, mental health records, psychotherapy notes, alcohol and/or substance abuse records, may be subject to special protections under state and federal law. Any uses or disclosures of these types of records will only occur in compliance with such special protections. For example:

- Under HIPAA, psychotherapy notes (which are not part of your medical record) may be disclosed *only* with your specific consent, except as appropriate under applicable law (such as state laws requiring mandatory reporting of abuse or other duties to warn in situations of serious and imminent harm).
- Alcohol and drug abuse records may be further protected by federal statutes and regulations regarding the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2 ("Part 2"). Part 2 has specific requirements for using and disclosing PHI regarding alcohol and drug abuse treatment that are stricter than HIPAA's requirements for PHI generally. To the extent that you have PHI that is protected under Part 2, we will only use and disclose that information as permitted by Part 2, as described in more detail below.

To the extent that there are other state requirements or restrictions applicable to Forge Health that are stricter than those noted above, we will only use and disclose your PHI as permitted by those stricter requirements.

## **YOUR RIGHTS REGARDING YOUR PHI**

1. *Right to Request Additional Restrictions on Disclosure/Use:* You may request restrictions on certain uses and disclosures of your health information. While we consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction except for requested restrictions on uses or disclosures for the purpose of carrying out payment or health care operations in instances where you have already fully completed payment out-of-pocket.

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2. *Right to Request Confidential Communications/How we Communicate with You:* You may request, and we will accommodate, any reasonable request for you to receive your PHI by alternative means of communication or at an alternative location.
3. *Right to Access/Copy Your Record:* You have the right to view or order (subject to regular cost-based administrative fees) a copy of your medical records that we maintain, except to the extent that the information contains treatment notes or information compiled for use in a civil, criminal, or administrative proceeding, or in other limited circumstances. Requests should be sent to [records@forgehealth.com](mailto:records@forgehealth.com) indicating the information you want to review and the format in which you want it. We may deny a request for access to your PHI if there is a potential harm to yourself or others; in these situations, you have a right to request that the Forge Health Privacy Officer review our denial in accordance with requirements of applicable law.
4. *Right to Amend Your Record/:* You have the right, with some exceptions, to request in writing that your health care information in our records be amended if you state a reason why the information is incorrect or incomplete. We will consider the request but we do not have to agree if we believe the information is correct and complete. We will notify you of our determination.
5. *Right to Obtain Accounting of Disclosures.* You have a right to request and receive an accounting of disclosures of your health-related information made by any or all Forge Health OHCA Members during the 6 years prior to your request. This accounting will not include disclosures made for treatment, payment, or healthcare operations purposes or disclosures that you authorized in writing. Your request for an accounting should specify the applicable time period up to the maximum of 6 years. The first request for an accounting of disclosures in any 12-month period will be provided to you at no cost, and any subsequent requests within the 12-month period may be subject to cost-based fees.
6. *Right to a Paper Copy of this Notice:* Upon request at any time, you may obtain a paper copy of this Notice. You may also download and/or print a copy of this Notice by going to our website: <https://forgehealth.com/resources-information/client-resource-documents/>.
7. *Right to Receive Breach Notifications.* You have the right to receive notification in the event that there is a breach of your unsecured PHI, as required under HIPAA. We must notify you within 60 days (or sooner, if required by state law) following discovery of a breach of your unsecured PHI, unless we determine that there is a low probability that the privacy or security of your PHI has been compromised.
8. *Right to Further Information and Complaints:* If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to or amendment of your PHI, you may contact the Forge Health leadership team at [records@forgehealth.com](mailto:records@forgehealth.com). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (“HHS”). We will provide you with the address to file your complaint with HHS upon request. You will not be retaliated against by any Forge Health OHCA Member or their providers for filing a complaint.

#### **42 CFR PART 2 REQUIREMENTS**

The confidentiality of alcohol and drug abuse client records we create or maintain may also be protected by Part 2. To the extent applicable, we will use and disclose your PHI subject to Part 2 only as permitted by Part 2. An overview of applicable Part 2 rules is set forth below.

#### **NO AUTHORIZATION REQUIRED**

We may use or disclose your Part 2 information without your written consent in the certain circumstances as permitted by federal law, including without limitation the following:



1. Communications between those with a need to know such information within the Forge Health Part 2 program through which you receive treatment or services.
2. Pursuant to a compliant agreement with a qualified service organization that provides professional services to Forge Health.
3. For research, audit, or program evaluation purposes, subject to certain conditions.
4. To report a crime committed or threatened to be committed on our premises or against our personnel, subject to appropriate limitations on the information disclosed.
5. To medical personnel in a medical emergency if you cannot consent.
6. If required by state law, to appropriate authorities for reports of suspected child abuse and/or neglect.
7. As allowed by a Part 2-specific court order authorizing disclosure.

### **AUTHORIZATION REQUIRED**

Except as permitted by federal law or with your written consent, Forge Health will not disclose to any person outside the Part 2 program in which you participate any information identifying you as a participant in a Part 2 program or as someone who uses or has used drugs or alcohol. Part 2 requires us to obtain your written consent before we can disclose information about you for payment purposes. You must also sign a written consent before we can share information for treatment purposes outside the program or for health care operations.

### **EFFECTIVE DATE AND CHANGES**

This Notice is effective on May 1, 2017; it was most recently revised on December 15, 2022. We reserve the right to change this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all your PHI we already have as well as any information we receive in the future. If we change this Notice, we will post the new Notice on our internet website. In addition, if you are accepted by Forge as a client for therapy treatment and services, you may request a copy of the current Notice in effect.