

NOTICE OF RECEIPT OF PRIVACY PRACTICES
FOR
Primary Health Choice, Inc.

This notice is effective on August 2, 2021

**THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

I. WE ARE REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION ABOUT YOU.

We are required by law to protect the privacy of health care information about you and that can be identified with you. This may be information about health care services that we provide to you or payment for health care provided to you. It may also be information about your past, present, or future health care condition. This Notice must be given to you at the time of the first treatment event, and posted in a prominent place in the provider agency, unless in an emergency treatment situation, then the Notice will be provided as soon as practicable after the emergency.

We are also required by law to provide you with this **Notice of Privacy Practices** explaining our legal duties and privacy practices with respect to health care information. We are legally bound to follow the terms of this Notice. In other words, we are only allowed to use and disclose health care information, including but not limited to genetic information, in the manner that we have described in this Notice. We will promptly notify you if a breach occurs that may have compromised the privacy or security of your information.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health care information that we maintain. If changes are made to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request (you may also contact our Corporate Compliance Officer at 910-865-3500 to obtain a copy of the current Notice.)

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

The rest of this Notice will:

- Discuss how we may use and disclose health care information about you
- Explain your rights with respect to health care information about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you may contact our Corporate Compliance Officer at 1-910-865-3500

**WHAT IS A MEDICAL RECORD?
WHAT INFORMATION IS IN THE MEDICAL RECORD?**

Each time you receive a service from, or speak to a representative of the Primary Health Choice, Inc., a record of that contact may be maintained. The information is collected and maintained in what is referred

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to as your Medical Record. Your Medical Record contains information about your mental health history, your physical health, (as appropriate), current symptoms, assessment, test results (if appropriate), diagnosis, treatment, medications, legal history (as appropriate), demographic information, financial information, family history (as appropriate), your progress, and a plan for your current and future treatment. The information contained in your Medical Record serves the following purposes:

- It is the basis for the planning of your care and treatment.
- It is a way for the various mental health professionals involved in your care to communicate.
- It is a legal document describing the care that you have received.
- It is a means by which you or an insurance payer can verify that you actually received the services billed.
- It is a tool to assess the appropriateness and quality of care that you received.
- It is a source of information for state mental health officials who are charged with improving mental health care across the state; and
- It is a tool to improve the quality of mental health care and achieve better mental health Client outcomes.

Understanding what information is contained in your Medical Record and how it is used helps you to:

- Ensure the accuracy and completeness of the information;
- Understand who, what, where, why, and how others may have access to your mental health information;
- Make informed decisions about authorizing (or giving permission) disclosure of your information to others; and
- Better understand your health information rights that are detailed below.

II. WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

This section of our Notice explains in some detail how we may **use and disclose health care information about you** in order to provide health care, obtain payment for that health care, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health care information about you. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, you may contact our Corporate Compliance Officer at 1-910-865-3500.

1. Treatment

We may use and disclose health care information about you to provide health care treatment to you. In other words, we may use and disclose health care information about you to provide, coordinate or manage your mental health treatment and related services. This may include communicating with other mental health professionals and other health care providers regarding your treatment and coordinating and managing your health care.

Example:

- As a client of Primary Health Choice, the receptionist may use health care information about you when setting up an appointment.
- Your counselor may consult with a psychiatrist and/or other mental health professionals who are employed by the agency, and who are involved in coordination of your care for development of service plans/service needs,

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medications, and/or other diagnostic evaluations.

- Your counselor may send information from your medical record for treatment and service planning coordination to a specialist to whom you have been referred.
- You have been taken to the local hospital emergency room experiencing a psychiatric crisis. The hospital may disclose your protected health information to the mental health provider in order to determine if you are currently receiving services and to inquire about your psychiatric history. We may inform the hospital of your diagnoses and medications so that the hospital can provide appropriate treatment for you.
- A doctor treating you for an injury asks another doctor about your overall health condition.

2. Payment

We may use and disclose health care information about you to **obtain payment for health care services** that you received. This means that, within the Primary Health Choice or contracted agency, we may use health care information about you to arrange for payment (such as preparing billing and managing accounts). We also may **disclose** health care information about you to others (such as insurers, collection agencies, and or client reporting agencies) except as mandated by state and federal regulations. In some instances, we may disclose health care information about you to an insurance plan **before** you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

Example:

- You are a client at Primary Health Choice and have given authorization for Primary to file insurance (private, Medicaid, Medicare, etc.) for payment for services provided. The Primary Health Choice billing clerk will **use** health care information about you when preparing a bill for the services provided. Health care information about you will be **disclosed** to your insurance company when the billing clerk sends the bill.
- Following the initial intake, it is determined that you need to be referred for additional services provided by another mental health professional/program such as a partial hospitalization program, residential treatment center, etc., the Patient Relations Representative may contact your insurance company in order to determine whether the plan would pay for the services and/or the number of sessions allowed by the insurance company.

3. Health care operations

We may use and disclose health care information about you in performing a variety of business activities that we call “**health care operations**”. These “health care operations” activities allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose health care information about you in performing the following activities:

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Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.

- Providing training programs for students, trainees, health care providers or non-health care professions to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify, or license health care providers, staff, or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other Clients.
- Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving complaints, grievances, and appeals within our organization and/or contract agencies.
- Reviewing our activities and using or disclosing health care information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants, or other providers) who assist us to comply with this Notice and other applicable laws.

Example:

- You are diagnosed with depression. We may use your health care information, as well as health care information from all other Primary Health Choice clients diagnosed with depression, to develop an educational program to help clients recognize the early symptoms of depression. (Note: The educational program would not identify any specific clients without their permission.)
- You submit a grievance in reference to services provided and/or in reference to a violation of your rights as a client. Your medical record is reviewed by the Client Rights Committee to evaluate the quality of the care provided to you, and may be sent to our attorney for further review and/or discussion.

4. Persons Involved in Your Care

We may disclose health care information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care except as mandated by state and federal regulations. If the Client is a minor, we, may disclose health care information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstance. For more information on the privacy of minor's information, contact our Corporate Compliance Officer at 1-910-865-3500.

We may also use or disclose health care information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

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You may ask us at any time not to disclose health care information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the client is a minor. If the client is a minor, we may or may not be able to agree with your request. (Federal Confidentiality of Alcohol and Drug Abuse Records, 42 CFR - Part 2).

If you were to pass away, we may disclose to a family member, or other persons identified who were involved in your care or payment for health care prior to your death, protected health information that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference that you have given us. We must maintain the privacy of your records for 50 years following your death.

Example:

- A family member or a close personal regularly comes with you for your appointments and he helps you with your medication. When the physician and/or your counselor are discussing a new medication and/or treatment planning with you, these persons may be invited to come into the counselor's office to discuss medications and/or treatment.

5. Required by Law

We will use and disclose health care information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health care information. For example, state law requires us to report known or suspected child abuse or neglect - to the Department of Social Services. We will comply with those state laws and with other applicable laws.

6. Certain Uses and Disclosures Do Not Require Your Authorization

When permitted by law, we may use or disclose health care information about you without your permission for various activities that are recognized as "national priorities". In other words, the government has determined that under certain circumstances (described below), it is so important to disclose health care information that it is acceptable to disclose health care information without the individual's permission. We will only disclose health care information about you in the following circumstances when we are permitted to do so ethically and by law. For more information on these types of disclosures, contact our Corporate Compliance Officer at 1-910-865-3500.

- **Threat to health or safety:** We may use or disclose health care information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose health care information about you for public health activities. Public health activities require the use of health care information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have

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been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of disease. For example, reporting adverse reactions to medications or helping with product recalls.

- **Communicable diseases:** Under State law, we are required to report certain types of communicable diseases to the Public Health Department such as syphilis, tuberculosis, HIV, and AIDS. The State has developed a long list of diseases we must report. Under State law, information about these communicable diseases is more sensitive than other types of health information and therefore must have added confidentiality protections. We will only disclose information to Public Health in very limited circumstances without your written authorization.
- **Abuse, neglect or domestic violence:** We may disclose health care information about you to a governmental authority (such as the Department of Social Services) if we have reason to believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose health care information about you to a health oversight agency-which is basically an agency responsible for overseeing the health care system or certain governmental programs. For example, a government agency may request from us while they are investigating possible insurance fraud or the Department of Health and Human Service if it wants to see if we are complying with federal privacy law. **For example: NC-TOPPS.** NC-TOPPS falls under the “audit and exception” of federal laws. This clause allows collection and sharing of PHI with state and local government agencies for the purpose of oversight and evaluation of the quality and effectiveness of services. Consumers may have access to their NC-TOPPS information upon request.
- **Court proceedings:** We may disclose health care information about you to a court or an officer of the court (such as an attorney) with an appropriate order (e.g. administrative order or a subpoena) from a judge. For example, we would disclose health care information about you to a court if a judge orders us to do so.
- **Law Enforcement:** We may disclose health care information about you to law enforcement official for specific law enforcement purposes. For example, we may disclose limited health care information about you to the police if the officer needs the information to identify persons subject to Federal mental health prohibitors or to help find or identify a missing person. We may also disclose to a law enforcement official protected health information that we believe in good faith constitutes evidence of criminal conduct that occurred on our premises, to include crimes against elected/public officials.
- **Coroners and others:** We may disclose health care information about you to a coroner, medical examiner, to law enforcement, other persons involved in your health care prior to death, or the funeral director upon your death or to organizations that help with organ, eye and tissue transplants.
- **Worker’s compensation:** We may disclose health care information about you in order to comply with workers’ compensation law.
- **Research organizations:** We may use or disclose health care information

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about you to research organizations if the organization is satisfied certain conditions about protecting the privacy of health care information.

- **Certain government functions:** We may use or disclose health care information about you for certain government functions, including but not limited to military and veteran's activities and national security and intelligence activities. We may also use or disclose health care information about you to a correctional institution in some circumstances.
- **Schools:** Where applicable, we may also disclose proof of immunization to a school about you as a current or prospective student of the school only because the school is required by State or other law to have proof of immunization prior to admitting you as a student and we must obtain and document the agreement to the disclosure from your parent, guardian or other person acting *in loco parentis*, or yourself, depending on your guardianship status.
- **Other circumstances:** Primary Health Choice, Inc. will evaluate whether your protected health information is governed by more stringent laws or regulations prior to our use or disclosure. There are other more stringent laws and rules, such as the federal substance abuse confidentiality regulations, the NC mental health confidentiality statute(s), the NC public health confidentiality provisions, and state minor consent statute(s), governing status (i.e., emancipation, marital status, etc.) or type of treatment (abortion, sexually transmitted disease, birth control, etc.), that may affect how we handle your information.
- **Appointment Reminders:** We may use and/or disclose information to contact you to provide a reminder about an appointment you have for treatment. You may request that reminders and other contacts be made to a different location.

7. Disclosure of Your Health Information That Allows You An Opportunity To Object

There are certain circumstances where we may disclose your health information and you have an opportunity to object. Such circumstances include:

- The professional responsible for your care may disclose your admission to or discharge from this agency to your next of kin (*Not applicable to substance abuse providers*)
- Disclosure to public or private agencies providing disaster relief.

Example: We may share your health information with the American Red Cross following a major disaster such as a flood.

If you would like to object to our disclosure about your health information in either of the situations listed above, please contact our agency Privacy Official listed in this *Notice* for consideration of your objection.

8. Certain Uses and Disclosures Require Your Authorization

Other than the uses and disclosures described above we will not use or disclose health

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care information, including but not limited to genetic information, about you without the written authorization from you or your personal representative.

Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For my use in treating you.
- For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For my use in defending myself in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

If you sign a written authorization allowing us to disclose health care information about you, you may later revoke (or cancel) your authorization in writing (except information which has already been released or in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you must request revocation in writing or fill out a Revocation of Authorization for Disclosure of Health Information form. Revocation of Authorization for Disclosure of Health Information form is available from our Corporate Compliance Officer. If you revoke your authorization, we will no longer use or disclose protected health information about you for the purposes that had authorized in writing except to the extent that we have already relied upon your authorization and taken some action.

Compounding authorizations:

An authorization for use or disclosure of protected health information may not be combined with any other document to create a compound authorization, except as follows: (i) An authorization for the use or disclosure of protected health information for a research study may be combined with any other type of written permission for the same or another research study. This exception includes combining an authorization for the use or disclosure of protected health information for a research study with another authorization for the same research study, with an authorization for the creation or maintenance of a research database or repository, or with consent to participate in research. (ii) An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes. (iii) An authorization under this section, other than an authorization for a use or disclosure of psychotherapy notes, may be combined with any other such authorization under this section, except under certain circumstances.

III. YOU HAVE RIGHTS WITH RESPECT TO HEALTH CARE INFORMATION ABOUT YOU.

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This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Corporate Compliance Officer at 1-910-865-3500.

1. Right to a Copy of this Notice

You have a right to have a copy of our Notice of Privacy Practices at any time; either an electronic copy, or a paper copy (even if you have already requested an electronic copy.) We will provide a copy of this **Notice** no later than the first day you receive services from us (except for emergency services and then will provide your copy as soon as possible).

2. Right of Access to Inspect and Copy

You have the right to see, review and to receive a paper copy or electronic copy of health care information about you that we maintain in certain groups of records including, but not limited to laboratory test results. If you would like to inspect or receive a copy of health care information about you, you may provide us with a request in writing. You may request your records by signing an Access Request Form. Forms are available from our Corporate Compliance Officer. Procedures apply when you request to review or to receive copies. If you request that your health information, be provided to other parties then your request must be written and signed, and must clearly identify the designated party and where to send the copy of health information.

We may deny your request in certain circumstances and we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you receive paper copies of health information, we may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request. The amount is due upon receipt of the copied information. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. All requests must be granted or denied within 15 days, unless given a reason for delay. Before providing you with such a summary explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation. Electronic PHI (ePHI) must be provided to the individual at no charge

Fees to cover costs incurred in searching, handling, and mailing medical records to the patient or the patient's designated representative will be imposed as follows: A minimum fee of \$10.00 will be imposed for less than 13 pages, \$.75 per page (first 25 pages), \$.50 per page (pages 26-100), \$.25 per page in excess of 100 pages).

Agency will not charge for the reproduction of clients records in the following situations: professional courtesy when records are requested by physicians, psychologists, hospital, or other healthcare providers; third party payors when the facility will derive direct financial benefits; attorneys representing the Attorney General's Office and Special Counsel; Department of Health and Human Services; Division of Medical Assistance; Social Security Income Administration; Medicaid; or Medicare.

You may contact our Corporate Compliance Officer at 1-910-865-3500 for information on

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these services and possible fees.

3. Right to Amend Your Health Care Information

If you feel that information we have about you is inaccurate or incomplete, you have the right to request that we amend (which means correct or add) health care information about you that we maintain in certain groups of records. Upon your receipt of your request, we may amend the disputed information and notify others who have copies of the inaccurate or incomplete information, and send the corrected portions. If you would like to amend information, you must sign a **Request to Amend Health Information Request Form**. Forms are available from our Corporate Compliance Officer.

We may deny your request in certain circumstances. (1) Information was not created by us, (2) Information is not part of record, (3) We believe information is correct. If we deny your request, we will explain our reason for doing so in writing within 60 days of your request. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your changes. We will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years prior to the date you ask, who we shared it with, and why. If you would like to receive an accounting, you must sign an Accounting Request Form, or contact our Corporate Compliance Officer. Forms are available from our Corporate Compliance Officer. We are required to provide a listing of our disclosure except the following:

- a. For your treatment,
- b. For billing and collection of payment for your treatment,
- c. For our health care operations,
- d. Made to, or requested by you, or that you authorized,
- e. Occurring as a byproduct of permitted uses and disclosures,
- f. Made to individuals involved in your care,
- g. Allowed by law when the use and disclosure relates to certain specified government functions or relates to correctional institutions, and other law enforcement custodial situations,
- h. As part of a limited set of information which does not contain certain information which would identify you.

The list will include date of disclosure, name of person receiving information, a brief description of information disclosed and purpose.

If you request an accounting more than once every twelve (12 months), we may charge you a fee to cover the costs of preparing the accounting.

5. Right to Request Restriction on Uses and Disclosures

Except where we are required to disclose the information by law, needed for treatment

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purposes, or when needed to lessen a serious and imminent threat to health or safety for you or others you have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply with your request unless a law requires us to share that information.

You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

To request restrictions, you must submit sign a consent for Revocation of Authorization for Disclosure of Health Information. The request must include the following information:

- (1) What information you want to limit
- (2) Whether you want to limit our use, disclosure, or both
- (3) To whom you want the limits to apply, for example, disclosures to your spouse

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- a. Share information with your family, close friends, or others involved in your care
- b. Share information in a disaster relief situation
- c. Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- a. Marketing purposes
- b. Sale of your information
- c. Most sharing of psychotherapy notes

In the case of fundraising:

- a. We may contact you for fundraising efforts, but you inform us not to contact you again.

6. Right to Request an Alternative Method of Communication:

You have the right to request that we communicate with you about services provided (appointments, etc.) in a certain manner or at a certain location. For example, you prefer that we only contact you by telephone at a designated number, or by mailing all written information (notification of appointments, etc) to an address other than your home address.

If you wish to request an alternative method of communication, you must sign a consent for Alternative Method of Communication and specify how or where you wish to be contacted. All reasonable requests will be honored.

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7. Right to Choose Someone to Act for You:

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Primary Health Choice, Inc. will make sure the person has this authority and can act for you before we take any action.

IV. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint, you may bring your complaint to your worker, his/her supervisor, the Corporate Compliance Officer or you may mail it to the following address:

**Corporate Compliance Officer
Primary Health Choice, Inc.
219 West Broad Street
St. Pauls, NC 28384**

If you have any questions or need help filing a civil rights, conscience or religious freedom, or health information privacy complaint, you may email, call or fax your complaint to the contact information below:

Barbara Stampul, Acting Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone (800) 368-1019
FAX (202) 619-3818
TDD (800) 537-7697
EMAIL: OCRMail@hhs.gov

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Note:

- 1) This notice is posted at each facility service delivery site.
- 2) Is available upon request to any person.
- 3) This notice is available on the agency's web site:
<http://www.primaryhealthchoice.org>

V. EFFECTIVE DATE OF THIS NOTICE IS: August 2, 2021
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