

Effective July 29, 2025

NOTICE OF PRIVACY PRACTICES
OF
MILESTONES BEHAVIORAL SERVICES

**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.**

This notice describes how Milestones Behavioral Services (“MBS”) may use and disclose your Protected Health Information (“PHI”). It also describes our obligations and your rights regarding the use and disclosure of your PHI. MBS is subject to the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), and is providing this notice to inform you of the policies and procedures MBS has adopted to ensure the privacy of your PHI.

Please be aware that any PHI disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA.

Our Responsibilities Regarding Your Protected PHI

We are committed to protecting the confidentiality and security of your PHI and will use it to the minimum necessary to accomplish the intended purpose of the use, disclosure or request of it. This notice applies to all of the PHI MBS maintains.

We agree to:

- Maintain the privacy and security of your PHI, including any information that identifies you.
- Give you this notice of our privacy practices with respect to your PHI.
- Follow the terms of this notice.
- Notify you in the event of a breach in the privacy of your PHI.

How We May Use and Disclose PHI About You

The following categories describe different ways that we may use and disclose your PHI. For many of these categories of use or disclosure we provide an example to explain the scenario. Not every use or disclosure in a category will be listed. We are permitted or required to share your information in other ways in addition to the examples provided. In such situations, we will comply with all conditions required by law.

How do we typically use or share your PHI?

For Treatment. We may use or disclose PHI about you to provide health care or to facilitate medical treatment or services by other providers. For example, when we consult with another health care provider, such as your family physician or another psychologist.

For Payment. We may use and disclose PHI about you to bill and receive payment for the treatment and services you receive from MBS.

For Health Care Operations. We may use and disclose PHI about you for MBS's operations. Examples of health care operations are quality assessment and improvement activities, business related matters such as audits and administrative services, and case management and care coordination.

To Business Associates/Service Providers. We may contract with individuals or entities to perform various functions or to provide certain types of services. In order to perform these functions or to provide these services, they may receive or use your PHI only after they agree in writing to implement safeguards to protect your PHI.

How else can we use or share your PHI?

The following examples are circumstances under which we may disclose your PHI without your authorization, outside of Treatment, Payment, and Health Care Operations, provided that all applicable conditions have been satisfied.

As Required By Law. We will disclose PHI about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a public health disclosure law or a court order in a litigation proceeding.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Workers' Compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness, or disability determination.

Public Health Risks. We may disclose PHI about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability
- 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 comply with OSHA and other workplace safety laws

Health Oversight Activities. We may disclose PHI to a health oversight agency, such as the Connecticut Board of Examiners of Psychologists, for activities authorized by law. These oversight activities include, for example, audits, 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. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request so you may consent to the disclosure or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- 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
- 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

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner, medical examiner or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Research. We may use or disclose PHI for research purposes without individual authorization, provided an Institutional Review Board or privacy board has approved a waiver of authorization and established that adequate privacy safeguards are in place.

Specialized Government Functions. We may disclose PHI for military and veterans' activities, national security and intelligence purposes, protective services for the President or other authorized persons, and to correctional institutions or law enforcement custodians for inmates or individuals in lawful custody.

Organ and Tissue Donation. If you are an organ donor, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs and tissues for the purpose of facilitating donation and transplantation.

Decedents. We may disclose PHI to coroners, medical examiners, or funeral directors as necessary to carry out their legal duties. This may include identifying the deceased, determining the cause of death, or carrying out other authorized responsibilities.

Disclosures Pursuant to Authorization

In certain circumstances an authorization is required to use or disclose PHI for purposes outside of treatment, payment, health care operations, or any of the above permissive disclosures. Examples of these situations include disclosure of psychotherapy notes, disclosure for marketing purposes, and the sale of PHI. An "*authorization*" is written permission beyond general consent

that permits only specific disclosures. Uses and disclosures not described in this notice will be made only with your written authorization.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Your Rights Regarding Your PHI

You have the following rights regarding PHI we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to contactus@mbs-inc.org. If you request a copy of your 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 copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing to contactus@mbs-inc.org. You should 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:

- is not part of the PHI kept by MBS
- 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 which you would be permitted to inspect and copy
- is accurate and complete

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” for purposes other than treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).

To request this accounting of disclosures, you must submit your request in writing to MBS’s Privacy Official. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, paper or electronic). We will provide one accounting annually for free, but will charge a reasonable, cost-based fee if you request an additional within 12 months.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way. We will accommodate all reasonable

requests. For example, you may ask that we only contact you at your mobile telephone number or by mail.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request, except in case of a disclosure restricted under 164.522(a)(1)(vi). If MBS agrees to a restriction, we will not use or disclose PHI in violation of such restriction, except for emergency treatment. If a restriction is agreed to by MBS, you may terminate it at any time by written request.

To request a restriction, you must make your request in writing to MBS's Privacy Official. 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.

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.

Right to File a Complaint if You Feel Your Rights Are Violated. You can complain if you feel we have violated the provisions of this Notice by contacting MBS's Privacy Official. We will not retaliate against you for filing a complaint.

Your Choices Regarding Certain PHI

For certain PHI, 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, contact us. In the following cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

We never share your information for the purposes below, unless you give us written permission:

- Marketing purposes
- Sale of your information

Changes to This Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Patient requests should be sent to MBS's Privacy Official: privacy@mbs-inc.org, 339 Boston Post Road, Orange, CT 06477.

If you have any questions about this notice, please contact MBS's Privacy Official: privacy@mbs-inc.org, 339 Boston Post Road, Orange, CT 06477.