



## HIPAA NOTICE OF PRIVACY PRACTICES

EFFECTIVE AUGUST 1, 2021

Patient Name: \_\_\_\_\_  
Patient DOB: \_\_\_\_\_

**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.**

**Your health information is personal, and we are committed to protecting it.**

LifeStance Health, Inc. (“LifeStance”) provides management services to a number of entities engaged in the provision of behavioral healthcare services (“Behavioral Healthcare Entities”). All Behavioral Healthcare Entities are included in [lifestance.com](https://lifestance.com), a website maintained by LifeStance, and the behavioral healthcare clinic locations operated by Behavioral Healthcare Entities are provided at the following URL: <https://lifestance.com/>, as updated from time to time. LifeStance, its subsidiaries and the Behavioral Healthcare Entities are “affiliated covered entities” for purposes of HIPAA compliance and administration. As used in this Notice, the words “we,” “our” and “us” collectively refer to LifeStance, its subsidiaries and the Behavioral Healthcare Entities. This Notice applies to LifeStance, its subsidiaries and all Behavioral Healthcare Entities, when acting as a covered entity and provides health care to you.

LifeStance uses and discloses health information about you for treatment, to obtain payment for treatment, and for administrative purposes, to evaluate the quality of care you receive, and for other purposes permitted by HIPAA. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information and provide you notice of our legal duties and privacy practices with respect to your protected health information and to provide you with notice of a breach of your unsecured protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services or payment of healthcare services.

This Notice applies to all records involving your care that are created, and/or maintained by LifeStance. Your protected health information is contained in a medical record that is the physical property of LifeStance. LifeStance is required to abide by the terms of this Notice.

This Notice was published and became effective on August 1, 2021. We reserve the right to change our privacy practices, as reflected by this Notice, to revise this Notice, and to make the provisions effective for all protected health information it maintains. Revised Notices will be available on our website, in our clinics, or upon your request.

If you are a patient insured by the United States Department of Veteran Affairs, you may be entitled to rights and we may be subject to restrictions regarding the use and disclosure of your protected health information other than as set forth in this Notice.

At all times, we will comply with the applicable requirements of the Department of Veteran Affairs regarding the use and disclosure of your protected health information.

## **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION. Uses and Disclosures of Protected Health Information for Treatment, Payment, or Operations.**

We may use or disclose your protected health information for treatment, payment and healthcare operations as described in this Section 1 without authorization from you. Your protected health information may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of LifeStance.

Following are the types and examples of uses and disclosures of your protected healthcare information that LifeStance is permitted to make without your specific authorization. These descriptions and examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by LifeStance. In general, information regarding behavioral healthcare services we provide may be used and disclosed as provided below, but patients in some states may find that other types of protected health information are subject to additional rules under state law, as described in the table at the end of this Notice (“Addendum A”).

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultations with another provider, or your referral to another provider for your diagnosis and treatment. For example, a provider treating you may need to know if you have other health problems that might complicate your treatment and therefore may request your medical record from another healthcare provider that has provided treatment to you.

**Payment:** Your protected health information may be used to obtain or provide payment for your healthcare services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities. For example, we may need to give your insurance company information about therapy you received so your insurance will pay for the care.

**Operations:** We may use or disclose your protected health information in order to support the business activities of LifeStance. These activities include, but are not limited to: quality assessment and improvement activities; reviewing the competence or qualifications of professionals; securing stop-loss or excess of loss insurance; obtaining legal services or conducting compliance programs or auditing functions; business planning and development; business management and general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act; resolution of internal grievances; due diligence in connection with the sale or transfer of assets of your provider’s practice; creating de-identified health information; and conducting or arranging for other business activities. For example, we may use your health information to evaluate the performance of our providers and staff in providing care to you. In addition, we may disclose your protected health information to another provider, health plan, or healthcare clearinghouse for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosures will be limited to certain purposes, including: quality assessment and

improvement activities, population-based activities relating to improving health or reducing healthcare costs, case management, conducting training programs, accreditation, certification, licensing, credentialing activities, and healthcare fraud and abuse detection and compliance programs.

**Business Associates:** We may share your protected health information with a third party “business associates” that perform various activities (e.g., billing, transcription services, accounting services, legal services) for LifeStance. Whenever an arrangement between LifeStance and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Treatment Alternatives and Health-Related Products and Services:** We may use or disclose your protected health information, as necessary, to provide you with information about a product or service to encourage you to purchase or use the product or services for the following limited purposes: (1) to describe our participation in a provider network or health plan network, or to describe if, and the extent to which, a product or service (or payment for such product or service) is provided by our practice or included in a plan of benefits; (2) for your treatment; or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care.

**Communication:** LifeStance may use and disclose your information to provide appointment reminders, leave a message, or leave a message with an individual who answers the phone at your residence.

**Destruction of Records:** LifeStance complies with state and federal regulations in regard to the destruction of records, specifically:

- The healthcare record of a person who is less than 23 years of age may not be destroyed;
- The healthcare record of a person must be maintained for 5 years, after it has been received or created, unless federal law requires that it be retained for a longer period of time; and
- The healthcare record of a person who has reached the age of 23 years may be destroyed after 5 years from the date the record was received or created, unless federal law requires that it be retained for a longer period of time.

**Family and Friends:** We may provide your protected health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may do this if you tell us we can do so, or if you know we are sharing your protected health information with these people and you do not object. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if your spouse comes with you into the exam room. Also, if you are not able to approve or object to a disclosure, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to that person’s involvement in your care or payment of your care. For example, we may make a professional judgment about your best interests that allow another person to pick up things, such as prescriptions and medical supplies.

## **2. OTHER PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.**

We may use or disclose your protected health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

**As Required by Law:** As required by federal, state, or local law.

**Public Health Activities:** To a public health authority for public health activities including the following: to prevent or control diseases, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities:** To a health oversight agency for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement.

**Law Enforcement:** To law enforcement for law enforcement purposes, so long as applicable legal requirements are met.

**Coroners, Medical Examiners and Funeral Directors:** To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death) or to a funeral director, as necessary to allow him/her to carry out his/her activities.

**Organ and Tissue Donation:** If you are an organ or tissue donor, to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate a donation and transplantation.

**Research:** For research purposes under certain limited circumstances. Research projects are subject to a special approval process. Therefore, we will not use or disclose your protected health information for research purposes until the particular research project has been approved through this special approval process.

**Serious Threat to Health or Safety; Disaster Relief:** To appropriate individual(s)/organization(s) when necessary (i) to prevent a serious threat to your health and safety or that of the public or another person, or (ii) to identify, locate, or notify your family members or persons responsible for you in a disaster relief effort.

**Military and Veterans:** As required by military command or other government authority for information about a member of the domestic or foreign armed forces, if you are a member of the armed forces.

**National Security; Intelligence Activities; Protective Service:** To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

**Workers' Compensation:** For workers' compensation or similar work-related injury programs, to the extent required by law.

**Inmates:** To a correctional institution (if you are an inmate) or a law enforcement official (if you are in that official's custody) as necessary (i) for the institution to provide you with health care; (ii) to protect your or others' health and safety; or (iii) for the safety and security of the correctional institution.

### **3. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION.**

While we may use or disclose your health information without your written authorization as explained above, there are other instances where we will obtain your written authorization. Except as otherwise provided in this Notice, we will not use or disclose your protected health information without your written authorization. You may revoke an authorization at any time, except to the extent LifeStance has already relied on the authorization and taken actions.

Specific, examples, of uses or disclosures that require written authorization include:

- Marketing activities (unless an exception applies);
- Disclosures that constitute the sale of your protected health information;
- Disclosures of substance use disorder records (unless an exception applies);
- Most uses and disclosures of psychotherapy notes.

Federal and state laws may require authorization from you before we can disclose specifically protected health information. Examples of protected health information that may be subject to special protections include protected health information involving mental health, HIV/AIDS, reproductive health, sexually transmitted or other communicable diseases, and alcohol or drug abuse. We may limit disclosure of the specially protected health information to what the law permits or we may contact you for the necessary authorization. We have attached Addendum A to this Notice that identifies certain states, in which we provide healthcare services or have business operations, that may have more stringent privacy laws.

### **4. NOTICE REGARDING CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS (42 CFR §2.22).**

The confidentiality of substance use disorder patient records maintained by certain LifeStance clinics is protected by federal laws and regulations (42 U.S.C. §290dd-2. 42 CFR Part 2). Generally, we may not tell a person outside of LifeStance that you are receiving services from us for a substance use disorder, or disclose any information identifying you as a person that has or had a substance use disorder, unless:

- You consent in writing to the disclosure; or
- The disclosure is made to a qualified service organization with which LifeStance has a written agreement; or
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a bona fide medical emergency or to qualified personnel for certain research, audit, or program evaluation.

Federal law and regulations also do not protect any information about:

- A crime you commit or threaten to commit at any LifeStance location or against any person who works for LifeStance.

- Suspected child abuse or neglect required by state law to be reported to appropriate state or local authorities.

Violation by LifeStance of the federal law and regulations is a crime.

- Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Compliance Office by phone at 204-276-2700 or online at [OTP-extranet@opioid.samhsa.gov](mailto:OTP-extranet@opioid.samhsa.gov).

## 5. YOUR RIGHTS.

You have the following rights regarding your health information. To exercise any of the rights below, please contact [Privacy@lifestance.com](mailto:Privacy@lifestance.com) or call 800-308-0994 to obtain the proper forms.

You have the right to:

- **Inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in your medical record, including medical and billing records and any other records that your provider and the practice use for making decisions about you. We may charge you for the cost of copying, mailing or associated supplies.

Under federal law, however, you may not inspect or copy certain records, including: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

- **Request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice.

LifeStance is not required to agree to a restriction that you may request, unless you request to restrict the disclosure of your protected health information to a health plan for the purpose of carrying out payment or healthcare operations and the protected health information relates only to a healthcare item or service for which you have paid us in full out of your pocket (not through insurance), in which case we will accept such restriction request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

- **Request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

- **Request an amendment to your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It also excludes disclosures we may have made to you, for a clinic directory, to family members or friends involved in your care, or for notification purposes, disclosures for which you have signed an authorization and certain other disclosures. You have the right to receive specific information regarding these disclosures that occurred during the six years prior to the date of your request. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **Obtain a paper copy of this Notice upon request and in a timely manner.** You may obtain a paper copy of this Notice by contacting LifeStance's Privacy Office at [Privacy@lifestance.com](mailto:Privacy@lifestance.com) or 800-308-0994. The Notice is also available in your clinic and on our website.

## 6. COMPLAINTS.

You may complain to us or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Office at [Privacy@lifestance.com](mailto:Privacy@lifestance.com). We will not retaliate against you for filing a complaint.

## 7. NON-RETALIATION.

LifeStance will not retaliate against you for requesting access to your medical records, Notice of Privacy Practices or any other HIPAA-related documents. Further, LifeStance will not retaliate against you for filing or making us aware of any HIPAA complaints or grievances.

### Contact Information:

If you have any questions or complaints about this notice or our privacy practices, please contact:

LifeStance Health, Inc.  
Privacy Office  
4800 N. Scottsdale Road  
Scottsdale, AZ 85251  
Phone: 800-308-0994  
Email: [Privacy@lifestance.com](mailto:Privacy@lifestance.com)

***I acknowledge that I have received a copy of LifeStance's HIPAA Notice of Privacy Practices***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Patient Representative, if applicable: \_\_\_\_\_

Description of Patient Representative's Relationship to Patient, if applicable: \_\_\_\_\_

**ADDENDUM A**

**Unless we obtain your specific authorization, we may disclose the following types of protected health information only in limited circumstances and to specific recipients:**

**Applicable States**

(a) HIV/AIDS diagnosis or treatment	GA, FL, MA, MO, NH, NY, TX, OH, PA, WA
(b) Alcohol/Drug Abuse	CA, GA, FL, MA, MO, NH, NY, OH, PA, TX, VA
(c) Communicable Disease (including STDs) diagnosis or treatment	MA, TX, WA
(d) Reproductive Health information such as pregnancy or use of birth control	CA, FL, NY, WA
(e) Genetic	FL, GA, MA, MO, NH, NY, TX
(f) Mental Health	CA, FL, GA, IN, MA, MO, NH, NY, OH, PA, TX, VA, WA

\*\*\*Please note that the table above does not provide an exhaustive list and may be updated from time to time. Even if it is not indicated as such on the table above, if a State has "stricter" privacy laws and such laws are applicable to us, then we will comply with the "stricter" privacy laws.