



NOTICE OF PRIVACY PRACTICES

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A. INTRODUCTION-TO YOU THE CLIENT

THIS NOTICE WILL TELL YOU ABOUT HOW WE HANDLE INFORMATION ABOUT YOU. IT TELLS:

- HOW WE USE THIS INFORMATION
- HOW WE SHARE IT WITH OTHER PROFESSIONALS AND ORGANIZATIONS
- HOW YOU CAN SEE IT

WE ARE ALSO REQUIRED TO TELL YOU ABOUT THIS BECAUSE OF THE PRIVACY REGULATIONS OF A FEDERAL LAW, THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). IF YOU HAVE ANY QUESTIONS ABOUT ANYTHING IN THIS NOTICE, PLEASE ASK FOR MORE EXPLANATION OR DETAIL.

B. WHAT I MEAN BY YOUR MEDICAL INFORMATION

EACH TIME YOU VISIT US OR ANY DOCTOR'S OFFICE, HOSPITAL, CLINIC, OR ANY OTHER "HEALTHCARE PROVIDER" INFORMATION IS COLLECTED ABOUT YOU AND YOUR PHYSICAL AND MENTAL HEALTH. IT MAY BE INFORMATION ABOUT YOUR PAST, PRESENT, OR FUTURE HEALTH OR CONDITIONS. IT MAY INCLUDE INFORMATION ABOUT THE TREATMENT OR OTHER SERVICES YOU HAVE RECEIVED FROM OTHERS. IT MAY BE ABOUT PAYMENT FOR HEALTHCARE. THE INFORMATION I COLLECT FROM YOU IS CALLED (IN THE LAW) PHI, WHICH STANDS FOR **PROTECTED HEALTH INFORMATION**. THIS INFORMATION GOES INTO YOUR MEDICAL OR HEALTHCARE RECORD. PHI MAY INCLUDE THESE KINDS OF INFORMATION:

- YOUR HISTORY. AS A CHILD, IN SCHOOL AND AT WORK, AND MARITAL AND PERSONAL HISTORY. REASONS YOU CAME FOR TREATMENT. YOUR PROBLEMS, COMPLAINTS, SYMPTOMS, NEEDS, GOALS.
- DIAGNOSES. DIAGNOSES ARE THE MEDICAL TERMS FOR YOUR PROBLEMS OR SYMPTOMS. A TREATMENT PLAN. THESE ARE THE TREATMENTS AND OTHER SERVICES THAT I BELIEVE WILL BEST HELP YOU.
- PROGRESS NOTES. EACH TIME YOU COME IN, I WRITE DOWN SOME THINGS ABOUT HOW YOU ARE DOING, WHAT I OBSERVE ABOUT YOU, AND WHAT YOU TELL ME.
- RECORDS I HAVE RECEIVED FROM OTHERS WHO TREATED AND/ OR EVALUATED YOU.
- PSYCHOLOGICAL TEST & SCALE SCORES, SCHOOL RECORDS, ETC.
- INFORMATION ABOUT MEDICATIONS YOU TOOK OR ARE TAKING.
- LEGAL MATTERS
- BILLING AND INSURANCE INFORMATION.

THIS LIST IS JUST TO GIVE YOU AN IDEA AND THERE MAY BE OTHER KINDS OF INFORMATION THAT GO INTO YOUR HEALTHCARE RECORDS ALSO.

WE USE THIS INFORMATION FOR MANY PURPOSES. FOR EXAMPLE, WE MAY USE IT:

- TO SUBMIT CLAIMS FOR INSURANCE
- TO PLAN YOUR CARE AND TREATMENT
- TO DECIDE HOW WELL MY TREATMENTS ARE WORKING FOR YOU
- WHEN YOUR THERAPIST TALKS WITH OTHER HEALTHCARE
- PROFESSIONS WHO ALSO ARE TREATING YOU SUCH AS YOUR FAMILY DOCTOR OR THE PROFESSIONAL WHO REFERRED YOU TO ME
- TO SHOW THAT YOU ACTUALLY RECEIVED THE SERVICES FROM ME
- FOR WHICH YOU PAID
- FOR TEACHING AND TRAINING OTHER HEALTHCARE PROFESSIONALS.
- **TO RESPOND TO A SUBPOENA FROM A COURT OF COMPETENT JURISDICTION**
- **TO NOTIFY APPROPRIATE AUTHORITIES WHEN THERE IS A THREAT OF SUICIDE, HOMICIDE, OR CRIMINAL ACTIVITY**

WHEN YOU UNDERSTAND WHAT IS IN YOUR RECORD AND WHAT IT IS USED FOR, YOU CAN MAKE BETTER DECISIONS ABOUT WHO, WHEN, AND WHY OTHERS SHOULD HAVE THIS INFORMATION.

BY LAW, YOUR HEALTH RECORD IS THE PHYSICAL PROPERTY OF REAL LIFE SOLUTIONS GA, LLC, YOUR HEALTHCARE PROVIDER. HOWEVER, THE INFORMATION BELONGS TO YOU. IF YOU WANT A COPY, WE CAN

MAKE ONE FOR YOU BUT MAY CHARGE YOU FOR THE COSTS OF COPYING (AND MAILING IF YOU WANT IT MAILED TO YOU). IN SOME VERY UNUSUAL SITUATIONS YOU CANNOT SEE ALL OF WHAT IS IN YOUR RECORDS.

C. PRIVACY AND THE LAWS ABOUT PRIVACY

THE HIPAA LAW REQUIRES US TO KEEP YOUR PHI PRIVATE AND TO GIVE YOU THIS NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES. THIS NOTICE IS CALLED THE **NOTICE OF PRIVACY PRACTICES OR NPP**. WE WILL OBEY THE RULES OF THIS NOTICE AS LONG AS IT IS IN EFFECT. IF WE CHANGE IT, THE RULES OF THE NEW NPP WILL THEN APPLY TO ALL PHI WE KEEP FROM THAT TIME FORWARD. IF WE DO CHANGE OUR PRIVACY PRACTICES, WE WILL POST THE NEW NOTICE IN OUR OFFICE WHERE EVERYONE CAN SEE IT OR ON OUR WEBSITE WHERE IT CAN BE DOWNLOADED. YOU AND ANYONE ELSE MAY ALSO OBTAIN A COPY BY ASKING ME FOR IT AT ANY TIME.

D. HOW YOUR PROTECTED HEALTH INFORMATION CAN BE USED AND SHARED

WHEN YOUR THERAPIST READS YOUR INFORMATION, IT IS CALLED (IN THE LAW) **“USE.”** IF THE INFORMATION IS SHARED WITH OR SENT TO OTHERS OUTSIDE THIS OFFICE, IT IS CALLED (IN THE LAW), **“DISCLOSURE.”** EXCEPT IN SOME SPECIAL CIRCUMSTANCES, WHEN WE USE YOUR PHI HERE OR DISCLOSE IT TO OTHERS, WE ONLY SHARE THE **MINIMUM NECESSARY** PHI NEEDED FOR THE PURPOSE. THE LAW GIVES YOU RIGHTS TO KNOW ABOUT YOUR PHI, HOW IT IS USED AND TO HAVE A SAY IN HOW IT IS DISCLOSES.

WE USE AND DISCLOSE PHI FOR SEVERAL REASONS. MAINLY, WE WILL USE AND DISCLOSE (OR SHARE) IT FOR ROUTINE PURPOSES AND WILL EXPLAIN MORE ABOUT THIS BELOW. FOR OTHER USES, WE MUST TELL YOU ABOUT THEM AND HAVE A WRITTEN AUTHORIZATION FROM YOU UNLESS THE LAW LETS OR REQUIRES ME TO MAKE THE USE OR DISCLOSURE WITHOUT YOUR AUTHORIZATION. HOWEVER, THE LAW ALSO SAYS THAT WE ARE ALLOWED TO MAKE SOME USES AND DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION.

D .1. USES AND DISCLOSURES WITH YOUR CONSENT

AFTER YOU HAVE READ THIS NOTICE YOU WILL BE ASKED TO SIGN A SEPARATE **CONSENT FORM** TO ALLOW ME TO SHARE YOUR PHI. IN ALMOST ALL CASES, WE INTEND TO USE YOUR PHI HERE OR SHARE YOUR PHI WITH OTHER PEOPLE OR ORGANIZATIONS THAT

- PROVIDE **TREATMENT** TO YOU,
- ARRANGE FOR REIMBURSEMENT TO YOU BY A THIRD PARTY FOR **PAYMENTS** YOU HAVE MADE TO ME OR SOME OTHER BUSINESS FUNCTIONS CALLED HEALTH CARE **OPERATIONS**.

TOGETHER THESE ROUTINE PURPOSES ARE CALLED TPO AND THE CONSENT FORM ALLOWS ME TO USE AND DISCLOSE YOUR PHI FOR TPO. RE-READ THIS LAST SENTENCE UNTIL IT IS CLEAR BECAUSE IT IS VERY IMPORTANT.

D. 1. A. THE BASIC USES AND DISCLOSURES-FOR TREAT- MENT, PAYMENT, AND HEALTH CARE OPERATIONS (TPO)

WE NEED INFORMATION ABOUT YOU AND YOUR CONDITION TO PROVIDE CARE FOR YOU. YOU HAVE TO AGREE TO LET ME COLLECT THE INFORMATION AND TO USE IT AND SHARE IT AS NECESSARY TO CARE FOR YOU PROPERLY. **THEREFORE YOU MUST SIGN THE CONSENT FORM BEFORE YOU BEGIN THERAPY. IF YOU DO NOT AGREE AND CONSENT YOU CANNOT RECEIVE THERAPY.**

WHEN YOU COME FOR THERAPEUTIC SERVICES ALL INFORMATION COLLECTED ABOUT YOU WILL GO INTO YOUR HEALTHCARE RECORDS. GENERALLY, WE MAY USE OR DISCLOSE YOUR PHI FOR THREE PURPOSES: TREATMENT, FOR YOUR REIMBURSEMENT OF FEES YOU PAY ME, AND FOR WHAT ARE CALLED HEALTHCARE OPERATIONS. LET’S SEE WHAT THESE ARE ABOUT.

FOR TREATMENT

- WE USE YOUR MEDICAL INFORMATION TO PROVIDE YOU WITH PSYCHOLOGICAL TREATMENT OR SERVICES. THESE MIGHT INCLUDE INDIVIDUAL, FAMILY, COUPLES, PLAY, OR GROUP THERAPY, TREATMENT PLANNING, OR MEASURING THE EFFECTS OF MY SERVICES.
- WE MAY SHARE OR DISCLOSE YOUR PHI TO OTHERS WHO WE CONSULT WITH TO PROVIDE YOU THE BEST POSSIBLE SERVICES OR THOSE WHO PROVIDE TREATMENT TO YOU.

- WE ARE LIKELY TO SHARE YOUR INFORMATION WITH YOUR PERSONAL PHYSICIAN. IF A TEAM IS TREATING YOU, WE CAN SHARE SOME OF YOUR PHI WITH THEM SO THAT THE SERVICES YOU RECEIVE WILL BE COORDINATED. THEY WILL ALSO ENTER THEIR FINDINGS, THE ACTIONS THEY TOOK, AND THEIR PLANS INTO YOUR RECORD AND SO WE CAN DECIDE WHAT TREATMENTS WORK BEST FOR YOU AND MAKE UP A TREATMENT PLAN.
- WE MAY REFER YOU TO OTHER PROFESSIONALS OR CONSULTANTS FOR SERVICES WE CANNOT OFFER, SUCH AS TESTING. WHEN WE DO THIS, WE NEED TO TELL THEM SOME THINGS ABOUT YOU AND YOUR CONDITIONS. WE WILL GET BACK THEIR FINDINGS AND OPINIONS AND THUS WILL GO INTO YOUR RECORDS HERE.
- IF YOU RECEIVE TREATMENT IN THE FUTURE FROM OTHER PROFESSIONALS, WE CAN ALSO SHARE YOUR PHI WITH THEM.

THESE ARE SOME EXAMPLES SO THAT YOU CAN SEE HOW WE USE AND DISCLOSE YOUR PHI FOR TREATMENT.

FOR PAYMENT

WE MAY USE YOUR INFORMATION TO BILL YOU FOR THE TREATMENT YOUR THERAPIST HAS PROVIDED TO YOU. YOUR INSURANCE COMPANY MAY CONTACT US FOR INFORMATION. WE MAY HAVE TO TELL THEM ABOUT YOUR DIAGNOSES, WHAT TREATMENTS YOU HAVE RECEIVED, AND WHAT YOUR THERAPIST EXPECTS AS THEY TREAT YOU. INFORMATION GIVEN WILL BE IN REGARDS TO WHEN YOU MEET FOR THERAPY, YOUR PROGRESS, AND OTHER SIMILAR THINGS.

WE MAY ALSO STORE YOUR CREDIT CARD OR BANK ACCOUNT INFORMATION ON FILE FOR PURPOSES OF PAYMENT, NO SHOW, OR CANCELLATION FEES. THIS INFORMATION WILL ONLY BE USED FOR THE REASONS LISTED AND WILL BE STORED IN A SAFE AND SECURE MANNER.

FOR HEALTHCARE OPERATIONS

THERE ARE SOME OTHER WAYS TO USE OR DISCLOSE YOUR PHI WHICH ARE CALLED HEALTHCARE OPERATIONS. FOR EXAMPLE, WE MAY USE YOUR PHI TO SEE WHERE WE CAN MAKE IMPROVEMENTS IN THE CARE AND SERVICES WE PROVIDE. WE MAY BE REQUIRED TO SUPPLY SOME INFORMATION TO SOME GOVERNMENT HEALTH AGENCY SO THEY CAN STUDY DISORDERS AND TREATMENT AND MAKE PLANS FOR SERVICES THAT ARE NEEDED. IF WE DO, YOUR NAME AND IDENTITY WILL BE REMOVED FROM WHAT WE SEND.

D. 1. B. OTHER USES AND DISCLOSURES IN HEALTH CARE

APPOINTMENT REMINDERS. WE MAY USE AND DISCLOSE INFORMATION TO RESCHEDULE OR REMIND YOU OF APPOINTMENTS FOR TREATMENT OR OTHER CARE. IF YOU WANT US TO CALL OR WRITE TO YOU ONLY AT YOUR HOME OR YOUR WORK OR PREFER SOME OTHER WAY TO REACH YOU, WE CAN ARRANGE THAT.

TREATMENT ALTERNATIVES. WE MAY USE OF DISCLOSE PHI TO TELL YOU ABOUT OR RECOMMEND POSSIBLE TREATMENTS OR ALTERNATIVES THAT MAY BE OF INTEREST TO YOU.

OTHER BENEFITS AND SERVICES. WE MAY USE AND DISCLOSE YOUR PHI TO TELL YOU ABOUT HEALTH-RELATED BENEFITS OR SERVICES THAT MAY BE OF INTEREST TO YOU.

D. 2 .USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

IF WE WANT TO USE YOUR INFORMATION FOR ANY PURPOSE BESIDES THE TPO OR THOSE WE DESCRIBED ABOVE, WE NEED YOUR PERMISSION ON AN AUTHORIZATION FORM.

IF YOU DO AUTHORIZE US TO USE OR DISCLOSE YOUR PHI, YOU CAN REVOKE (OR CANCEL) THAT PERMISSION, IN WRITING, AT ANY TIME. AFTER THAT TIME, WE WILL NOT USE OR DISCLOSE YOUR INFORMATION FOR THE PURPOSES WE AGREED. OF COURSE, WE CANNOT TAKE BACK ANY INFORMATION WE HAVE ALREADY DISCLOSED WITH YOUR PERMISSION.

D. 3. USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT OR AUTHORIZATION

THE LAWS LETS US USE AND DISCLOSE SOME OF YOUR PHI WITHOUT YOUR CONSENT OR AUTHORIZATION IN SOME CASES.

WHEN REQUIRED BY LAW

THERE ARE SOME FEDERAL, STATE, AND LOCAL LAWS WHICH REQUIRE US TO DISCLOSE PHI.

- WE MUST REPORT SUSPECTED CHILD ABUSE
- IF YOU ARE INVOLVED IN A LAWSUIT OR LEGAL PROCEEDING AND YOUR THERAPIST RECEIVES A SUBPOENA, DISCOVERY REQUEST, OR OTHER LAWFUL PROCESS, THEY MAY HAVE TO RELEASE SOME OR ALL OF YOUR PHI. THEY WOULD ONLY DO THAT AFTER TRYING TO TELL YOU ABOUT THE REQUEST, CONSULTING YOUR LAWYER, OR TRYING TO GET A COURT ORDER TO PROTECT THE INFORMATION THAT THEY HAVE REQUESTED. THIS IS USUALLY REFERRED TO AS YOUR RIGHT TO PRIVILEGED COMMUNICATION.
- WE HAVE TO RELEASE (DISCLOSE) INFORMATION TO THE GOVERNMENTAL AGENCIES THAT CHECK ON ME TO SEE THAT I AM OBEYING THE PRIVACY LAWS.

FOR LAW ENFORCEMENT PURPOSES

WE MAY RELEASE MEDICAL INFORMATION IF ASKED TO DO SO BY A LAW ENFORCEMENT OFFICIAL TO INVESTIGATE A CRIME OR CRIMINAL.

FOR PUBLIC HEALTH ACTIVITIES

WE MIGHT NEED TO DISCLOSE SOME OF YOUR PHI TO AGENCIES THAT INVESTIGATE DISEASES OR INJURIES.

FOR SPECIFIC GOVERNMENT FUNCTIONS

WE MAY DISCLOSE PHI OF MILITARY PERSONNEL AND VETERANS TO GOVERNMENT BENEFIT PROGRAMS RELATING TO ELIGIBILITY AND ENROLLMENT, TO WORKER'S COMPENSATION PROGRAMS, TO CORRECTIONAL FACILITIES IF YOU ARE AN INMATE, OR FOR NATIONAL SECURITY REASONS.

TO PREVENT A SERIOUS THREAT TO HEALTH OF SAFETY

IF WE COME TO BELIEVE THERE IS A SERIOUS THREAT TO YOUR HEALTH OR SAFETY OR THAT OF ANOTHER PERSON OR THE PUBLIC, WE CAN DISCLOSE SOME OF YOUR PHI. WE WOULD DO THIS ONLY TO PERSONS WHO CAN PREVENT THE DANGER.

D. 4. USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

WE MAY SHARE SOME INFORMATION ABOUT YOU WITH YOUR FAMILY OR CLOSE OTHERS. I WILL ONLY SHARE INFORMATION WITH THOSE INVOLVED IN YOUR CARE AND ANYONE ELSE YOU CHOOSE SUCH AS CLOSE FRIENDS OR CLERGY. WE WILL ASK YOU ABOUT WHO YOU WANT TOLD AND WHAT INFORMATION ABOUT YOUR TREATMENT OR CONDITION YOU WANT TOLD. YOU CAN TELL US WHAT YOU WANT AND WE WILL HONOR YOUR WISHES AS LONG AS IT IS NOT AGAINST THE LAW.

IF IT IS AN EMERGENCY AND WE CANNOT ASK IF YOU DISAGREE, WE MAY SHARE INFORMATION IF WE BELIEVE THAT IT IS WHAT YOU WOULD HAVE WANTED AND IF WE BELIEVE IT WILL HELP YOU IF WE DO SHARE IT. IF WE DO SHARE INFORMATION, IN AN EMERGENCY, WE WILL TELL YOU AS SOON AS WE CAN. IF YOU DO NOT APPROVE, WE WILL STOP, AS LONG AS IT IS NOT AGAINST THE LAW.

D. 5. AN ACCOUNTING OF DISCLOSURES WE HAVE MADE

WHEN WE DISCLOSE YOUR PHI WE KEEP RECORDS OF WHOM WE SENT IT TO, WHEN WE SENT IT, AND WHAT WE SENT. YOU CAN GET AN ACCOUNTING OF THESE DISCLOSES BY ASKING US FOR THE FORM TO COMPLETE, REQUESTING SUCH AN ACCOUNTING.

E COMMUNICATION BY EMAIL, TEXT MESSAGE, AND OTHER NON-SECURE MEANS

IT MAY BECOME USEFUL DURING THE COURSE OF TREATMENT TO COMMUNICATE BY EMAIL, TEXT MESSAGE (E.G. "SMS") OR OTHER ELECTRONIC METHODS OF COMMUNICATION. BE INFORMED THAT THESE METHODS, IN

THEIR TYPICAL FORM, ARE NOT CONFIDENTIAL MEANS OF COMMUNICATION. IF YOU USE THESE METHODS TO COMMUNICATE WITH *RLS STAFF*, THERE IS A REASONABLE CHANCE THAT A THIRD PARTY MAY BE ABLE TO INTERCEPT AND EAVESDROP ON THOSE MESSAGES. THE KINDS OF PARTIES THAT MAY INTERCEPT THESE MESSAGES INCLUDE, BUT ARE NOT LIMITED TO:

- PEOPLE IN YOUR HOME, HACKERS OR OTHER ENVIRONMENTS WHO CAN ACCESS YOUR PHONE, COMPUTER, OR OTHER DEVICES THAT YOU USE TO READ AND WRITE MESSAGES
- YOUR EMPLOYER, IF YOU USE YOUR WORK EMAIL TO COMMUNICATE WITH *RLS STAFF*
- THIRD PARTIES ON THE INTERNET SUCH AS SERVER ADMINISTRATORS AND OTHERS WHO MONITOR INTERNET TRAFFIC

IF THERE ARE PEOPLE IN YOUR LIFE THAT YOU DON'T WANT ACCESSING THESE COMMUNICATIONS, PLEASE TALK WITH YOUR THERAPIST ABOUT WAYS TO KEEP YOUR COMMUNICATIONS SAFE AND CONFIDENTIAL.

REAL LIFE SOLUTIONS GA, LLC ALSO OFFERS THE FOLLOWING:

MORE SECURE MEANS OF COMMUNICATION: WHILE IT CANNOT BE GUARANTEED THAT THEY WILL PREVENT 100% OF CONFIDENTIALITY BREACHES, THEY ARE DESIGNED WITH THE INTENTION OF SUPPORTING THE CONFIDENTIALITY OF CLINICAL COMMUNICATIONS:

- METHOD 1 (E.G. ENCRYPTED EMAIL)

F. IF YOU HAVE PROBLEMS OR QUESTIONS

IF YOU NEED MORE INFORMATION OR HAVE QUESTIONS ABOUT THE PRIVACY PRACTICES DESCRIBED ABOVE, PLEASE SPEAK TO US ABOUT IT. **TAMEKIS WILLIAMS THE PRIVACY OFFICER** OF THIS PRACTICE (AS DEFINED BY THE LAW). IF YOU HAVE A PROBLEM OR CONCERN ABOUT HOW WE HAVE HANDLED YOUR PHI OR IF YOU BELIEVE THAT YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, WE WANT TO DISCUSS IT WITH YOU. YOU ALSO HAVE LEGAL RIGHTS UNDER THE LAW AND MAY CHOOSE TO FILE A FORMAL COMPLAINT WITH ME AND WITH THE SECRETARY OF THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES.

G. RESTRICTIONS AND CHANGES TO PRIVACY POLICY

RLSGA RESERVE THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AND TO MAKE THE NEW NOTICE PROVISIONS EFFECTIVE FOR ALL PHI THAT WE MAINTAIN.