

Notice of Privacy Practices

Braintrust Services LLC
155 Boardwalk Dr. Suite 400
Fort Collins CO 80525

Notice of Privacy Practices
Effective: December 18, 2014

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

Our Pledge

I. BRAINTRUST SERVICES LLC PLEDGE REGARDING HEALTH INFORMATION:

- A. Braintrust Services LLC understands that health information about you and your healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from clinical professionals. Braintrust Services LLC needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by this practice. This notice will tell you about the ways in which Braintrust Services LLC may use and disclose health information about you. We also describe your rights to the health information kept about you and describe certain obligations regarding the use and disclosure of your health information. Braintrust Services LLC is required by law to:
 - 1. Make sure that Protected Health Information (PHI) that identifies you is kept private.
 - 2. Give you this notice of Braintrust Services LLC legal duties and privacy practices with respect to health information.
 - 3. Follow the terms of the notice that is currently in effect.
 - 4. Braintrust Services LLC can change the terms of this notice, and such changes will apply to all information on file about you. The new notice will be available upon request, in the Braintrust Services LLC office, and on the website.

Your Choices

II. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- A. Treatment uses and disclosures
 - 1. For Braintrust Services LLC use in treating you.
 - 2. For our use in training or supervising associates to help them improve their clinical skills.
 - 3. For our use in defending the company in legal proceedings instituted by you.

4. For use by the Secretary of Health and Human Services to investigate our compliance with the Health Insurance Portability and Accountability Act (HIPAA).
 5. Required by law and the use or disclosure is limited to the requirements of such law.
 6. Required by law for certain health oversight activities pertaining to the originator of the session notes.
 7. Required by a coroner who is performing duties authorized by law.
 8. Required to help avert a serious threat to the health and safety of others.
- B. Marketing Purposes. As a healthcare provider, Braintrust Services LLC will not use or disclose your PHI for marketing purposes.
- C. Sale of PHI. As a healthcare provider, Braintrust Services LLC will not sell your PHI in the regular course of the business.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

- A. Disclosures to family, friends, or others. Braintrust Services LLC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Your Rights

IV. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- A. The right to request limits on uses and disclosures of your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Braintrust Services LLC is not required to agree to your request, and we may say “no” if the clinician believes it would affect your health care.
- B. The right to request restrictions for out-of-pocket expenses paid for in full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- C. The right to choose how Braintrust Services LLC sends PHI to you. You have the right to ask us to contact you in a specific way (for example, phone or email) or to send mail to a different address, and Braintrust Services LLC will agree to all reasonable requests.
- D. The right to see and set copies of your PHI. You have the right to get an electronic or paper copy of your medical record and other information that Braintrust Services LLC has about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.
- E. The right to get a list of the disclosures Braintrust Services LLC has made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an authorization. Braintrust Services LLC will respond to your request for an accounting of disclosures

within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, Braintrust Services LLC will charge you a reasonable cost-based fee for each additional request.

- F. The right to correct or update your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that Braintrust Services LLC correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
- G. The right to get a paper or electronic copy of this notice. You have the right to get a paper copy of this notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of it.

Complaint Process

- V. YOU HAVE A RIGHT TO FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS HAVE BEEN VIOLATED:
 - A. To ask questions, express concerns, or file a complaint, you may contact or submit a privacy or civil rights complaint to the U.S. Department of Health and Human Services (DHHS), Office for Civil Rights (OCR). Complaints can be submitted electronically through the OCR Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail to: U.S. DHHS, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or by phone at 1-800-368-1019 or 1-800-537-7697 (TDD). Complaints to the Office for Civil Rights must be filed within 180 days of when you learn of, or should have known about, the violation.
 - B. We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

- VI. HOW BRAINTRUST SERVICES LLC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:
 - A. The following categories describe different ways that Braintrust Services LLC uses and discloses health information. For each category of uses or disclosures we will explain and give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the following categories.
 - 1. For treatment payment or health care operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a health care provider were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health

information, which is otherwise confidential, to assist the health care provider in diagnosis and treatment of your condition.

2. Disclosures for treatment purposes are not limited to the minimum necessary standard. Because other health care providers need access to the full record and/or full and complete information to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.
3. Lawsuits and Disputes: If you are involved in a lawsuit, Braintrust Services LLC may disclose health information in response to a court or administrative order. Braintrust Services LLC may also disclose health information about a child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

VII. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

A. Subject to certain limitations in the law, Braintrust Services LLC can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the patients who received one form of care versus those who received another form of care for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although the preference is to obtain an authorization from you, Braintrust Services LLC may provide your PHI to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell

you about treatment alternatives, or other health care services or benefits that Braintrust Services LLC offers.

VIII. Breach Notification

- A. Braintrust Services LLC is required by law to notify you following a breach of unsecured protected health information that compromises the privacy or security of your information

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy.

You may print or view a copy of it by visiting

<https://braintrustrehab.com/wp-content/uploads/2025/06/Privacy-Policy.pdf>

If you have any questions about this notice or if you need to exercise any of your rights, please contact our Privacy Officer at l.g.kelly@braintrustrehab.com.