

Notice of Privacy Practices & Acknowledgment of Receipt – effective 12/22/2025

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.

If you have any questions, please contact our Privacy Officer, at (513) 272-2800.

Who will follow this notice?

Best Point Education & Behavioral Health (Best Point) provides health care to our clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- All employees, contractors, partners and business associates of our organization

Our pledge to you.

We understand that health care information about you is personal. We are committed to protecting health care information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- Keep health care information about you private.
- Give you this notice of our legal duties and privacy practices with respect to health care information about you.
- Follow the terms of the notice that is currently in effect.

Changes to this Notice.

We may change our policies at any time. Changes will apply to health care information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our website bestpoint.org.

You can receive a copy of the current notice at any time. You will be offered a copy of the current notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose health care information about you.

- We may use and disclose health care information about you for treatment (such as sharing health care information with other treatment providers to coordinate care); to obtain payment for treatment (such as sending billing information to your insurance company); and to support our health care operations (such as comparing client data to improve treatment methods).
- We may use or disclose health care information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out health care information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, workers' compensation purposes, and emergencies. We also disclose health care information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- We also may contact you through email or SMS for appointment reminders, assessments or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fundraising efforts (provided that we give you the opportunity to opt out of future fundraising efforts). Texting may be insecure. Msg/data rates may apply. You may opt out by responding Stop or notifying any Best Point staff member.
- SMS opt-in or phone numbers for the purpose of SMS are not being shared with any third party or affiliate company for marketing purposes.

Other uses of health care information.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing health care information about you. For example, although we are unlikely to ever do so, if we share your health care information for marketing purposes or if your health care information includes psychotherapy notes, we must get your written authorization before using or disclosing such information. If you chose to authorize use or disclosure, you could later revoke that authorization by notifying us in writing of your decision.

Your rights regarding health care information about you.

- You can provide a single consent for all future uses and disclosures of records and information for purposes of treatment, payment, and health care operations. This consent does not permit use or redisclosure for civil, criminal, administrative, or legislative proceedings against you.
- If you provide a single consent for treatment, payment, and health care operations, records disclosed to a covered entity or business associate under this consent may be redisclosed by the covered entity or business associate without your written consent, to the extent allowed under HIPAA.
- In most cases, you have the right to look at or get a copy of health care information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the health care information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- You have the right to request an accounting of disclosures of your records or information for the past 3 years. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- If this notice is sent to you electronically, you have the right to a paper copy of this notice.
- You have the right to request that health care information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- You may request, in writing, that we do not use or disclose health care information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. In most cases, we will consider your request but we are not legally required to accept it. We will inform you of our decision on your request. The one exception is that, under new rules, if you pay entirely for a service 'out of pocket,' we must honor your request to not share information about that service with your insurance company or other payer.
- You have a right to be notified following a breach of your unsecured health information.

All written requests or appeals should be submitted to our Privacy Officer (contact information listed below).

Complaints

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer (contact information listed below).
- Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you with the address.
- Under no circumstance will you be penalized or retaliated against for filing a complaint.

Privacy Officer
 Best Point Education & Behavioral Health
 5050 Madison Road, Cincinnati Ohio 45227
 (513) 272-2800

By signing this form, I acknowledge receipt of the Notice of Privacy Practices.

Name of Client	Signature of Client	Date
Name of Parent/Guardian	Signature of Parent/Guardian (if applicable)	Date

* Parent/Guardian signature is required for any client under the age of 18, excluding an emancipated minor