

# NOTICE OF PRIVACY PRACTICES

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") describes the privacy practices of The GEO Group, Inc. (GEO). It applies to the health care services you receive at GEO, including its physicians, nurses, licensed clinical social workers, alcohol and drug counselors, staff, and volunteers. In this Notice, GEO and all of its departments, units, health care providers, staff, volunteers, residents, and trainees are collectively referred to as "we" or "us."

We are required by law to give you this notice of our duties and privacy practices and your rights. We are required to follow the terms of this Notice. This Notice also describes some, but not all of the uses and disclosures we may make with your protected health information. This Notice also describes your rights to access and control your protected health information, including demographic information that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services. There are other laws that provide additional protections for medical information related to treatment for mental illness, alcohol abuse, drug abuse, and HIV/AIDS. We will follow the requirements of those laws for these types of medical information.

### WE MAY USE AND DISCLOSE INFORMATION FOR THE FOLLOWING PURPOSES:

**Treatment:** We may use or disclose your health information to provide treatment, and to coordinate, or manage your healthcare and any related services. For example, we give information to doctors, nurses, lab technicians, and others, including information from tests you receive, and we record that information for others to use. We may provide information to other providers outside of GEO to arrange for a referral or consultation.

**Payment:** We may use or disclose your health information, as needed, to obtain payment for our health care services. For example, we may contact your insurer to verify benefits for which you are eligible, obtain prior authorization, and give them details they need about your treatment to make sure they will pay for your care. We may also use or disclose your medical information to obtain payment from third parties that may be responsible for payment, such as family members.

**Healthcare Operations:** We may use or disclose your health information, as needed, in order to perform healthcare operations. Healthcare operations include, but are not limited to: training and education, quality assessment and improvement activities, risk management, claims management, legal consultation, physician and employee review activities, licensing, regulatory surveys, and other business planning activities.

**Business Associates:** We may also disclose your health information to our third-party business associates (for example, an accounting firm or billing company) that perform activities or services on our behalf. Each business associate must agree in writing to protect the confidentiality of your information.

**Marketing and Sale:** Only with your authorization may we use your protected health information for marketing purposes or disclose it in a transaction that constitutes a sale.

**Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes require your authorization.

**Appointments and Services:** We may use and disclose your health information to remind you of an appointment, or to give you information about treatment alternatives or other health-related benefits or services that may interest you.

**Individuals Involved In Your Care/Disaster Relief Organizations:** We may disclose your health information to a friend or family member who is involved in your care unless you ask us not to. We may disclose information to disaster relief organizations, such as the Red Cross, so that your family can be notified about your condition and location.

### USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION, CONSENT, OR OPPORTUNITY TO OBJECT

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law, but only to the extent and under the circumstances provided in such law.

**Public Health:** We may use or disclose your protected health information for public health activities, such as reporting births, deaths, communicable diseases, injury, or disability; ensuring the safety of drugs and medical devices; reporting child and sexual abuse; and for workplace surveillance or work-related illness and injury.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, administrative or criminal investigations, inspections, licensure or disciplinary action, and monitoring compliance with the law.

**Abuse, Neglect, or Domestic Violence:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or Neglect. In addition, we may disclose your protected health information, if we believe you may be a victim of abuse, neglect, or domestic violence, to the governmental agency or entity authorized to receive such information. This disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration: to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.

**Legal Proceedings:** We may disclose your protected health information in response to court or administrative orders or, under certain circumstances, in response to subpoenas, discovery requests, or other lawful processes.

**Law Enforcement:** We may disclose your protected health information to identify or locate suspects, fugitives, witnesses, or victims of crime, to report deaths from crime, crimes on the premises, or in emergencies, the commission of a crime.

**Coroners, Medical Examiners, Funeral Directors:** We may disclose your protected health information to a coroner or medical examiner for identification purposes for determining the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director in order to permit them to carry out their duties.

**Organ Donation:** We may disclose your protected health information to organizations that handle organ procurement and/or eye or tissue transplantation.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure your privacy.

**National Security:** We may disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of the United States.

**Criminal Activity:** We may disclose your health information, consistent with applicable federal and state laws, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military Activity:** We may disclose your health information if you are in the armed forces and information is required by command authorities, or for the purposes of a determination by the Department of Veteran Affairs of your eligibility for benefits.

**Correctional and Detention Facilities:** We may disclose protected health information of those in lawful custody as necessary to provide health care to an inmate or detainee; for the health and safety of inmates or detainees, officers, staff and others in the facility; and for the administration and maintenance of the safety, security, and good order of the facility.

**Workers' Compensation:** We may disclose your protected health information as authorized to comply with worker's compensation laws and other similar legally established programs.

### YOUR HEALTH INFORMATION RIGHTS

**Right to Obtain a Copy of this Notice of Privacy Practices:** We will provide you with a copy of the current Notice of Privacy Practices if you request it. A copy of the current notice in effect will be available at the registration areas of our facilities, and it is available upon request. You have the right to obtain a paper copy of this notice upon request, even if you have agreed to accept this notice electronically. It is also available at [www.geogroup.com](http://www.geogroup.com).

**Right to Request a Restriction on Certain Uses and Disclosures:** You have the right to request restrictions on uses and disclosures of your medical information for the purposes of treatment, payment, or health care operations. We are not required to allow your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you need emergency treatment and the information is needed to provide the emergency treatment.

**Right to Inspect and Request a Copy of your Health Record:** You have the right to inspect and obtain a copy of your health record, including in electronic form if maintained as such, and to request that electronic records be forwarded to a third party, except in limited circumstances defined by federal regulations. A fee may be charged to copy your record. If you are denied access to your health record for certain reasons, the denial may be reviewable. Please contact our Chief Privacy Officer for more information.

**Right to Request an Amendment to your Health Record:** You may make a written request to amend your protected health information. You must give us a reason for the amendment. 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. We will provide you with a copy of any such rebuttal. Please contact our Chief Privacy Officer if you have any questions about amending your health record.

**Right to Obtain an Accounting of Disclosures of your Health Information:** The accounting will only provide information about disclosures made for purposes other than treatment, payment, or health care operations; disclosures to you or authorized by you are excluded. You only have the right to receive specific information regarding disclosures made after April 14, 2003. Please contact our Chief Privacy Officer to obtain an Accounting and Disclosure Report.

**Right to Request Communication of your Health Information:** You have the right to request that confidential communications be made by alternate means (e.g., fax versus mail) or at alternate locations (e.g., alternate address or telephone number). Your request must be in writing. We must honor your request if it is reasonable. Please make this request in writing to our Chief Privacy Officer.

**Right to Receive Notice of a Breach:** You have the right to be notified in writing following a breach of your health information that was not secured in accordance with security standards as required by law.

**Changes to this Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities.

### CONTACT

To exercise any of the rights described in this brochure, or if you have any questions about this notice, please contact our Chief Privacy Officer at [privacy@geogroup.com](mailto:privacy@geogroup.com) or 1 (866) 301-4436 or mail questions to:

Chief Privacy Officer  
The GEO Group, Inc.  
4955 Technology Way  
Boca Raton, Florida 33431

**Complaints:** If you believe that your privacy rights have been violated by us, you may file a complaint with us by contacting our Chief Privacy Officer at [privacy@geogroup.com](mailto:privacy@geogroup.com) or by mail to:

Chief Privacy Officer  
The GEO Group, Inc.  
4955 Technology Way  
Boca Raton, Florida 33431

**You also have the right to file a complaint with the secretary of the Department of Health and Human Services:**

Office of Civil Rights  
U.S. Department of Health and Human Services Room  
509F HHH Building  
200 Independence Avenue S.W.  
Washington, D.C. 20201

There will be no retaliation for filing a complaint.

