NOTICE OF PRIVACY PRACTICES OF PATHLINK (MCCURRY ENTERPRISES, INC.)

Effective Date: 11/23/2026

THIS NOTICE DESCRIBES:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.**
- **HOW TO EXERCISE YOUR RIGHT TO GET COPIES OF YOUR RECORDS AT LIMITED COST OR, IN SOME CASES, FREE OF CHARGE.**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION, INCLUDING YOUR RIGHT TO INSPECT OR GET COPIES OF YOUR RECORDS UNDER HIPAA.**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PATHLINK PRIVACY OFFICE AT 330.962.0427 AND INFO@PATHLINKOHIO.COM IF YOU HAVE ANY QUESTIONS.

Our commitment to your privacy

PathLink (McCurry Enterprises, Inc.) is required by law to protect the privacy of your protected health information ("PHI"), to provide you with this Notice describing our legal duties and privacy practices, and to follow the terms of the Notice currently in effect. PHI 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 services.

We are committed to safeguarding your information. This Notice applies to all records of the services you receive from PathLink, whether created by our staff or received from others involved in your care.

Questions, concerns, and complaints

The PathLink Privacy Office can answer your questions about this Notice and our privacy practices, help you exercise your rights, and receive privacy complaints. You may also ask to discuss the content of this Notice with the Privacy Office at any time. Contact: phone 330.962.0427, email info@pathlinkohio.com, or in writing at the address listed at the end of this Notice.

How we may use and disclose your health information

The following describes the ways we may use and disclose your PHI. Not every use or disclosure will be listed, but all the ways we are permitted to use and disclose information fall within one of these categories. Where another law, such as Ohio law, is more protective than HIPAA, we follow the more protective law.

For Treatment. We may use and disclose your PHI to provide, coordinate, or manage your care and related services. For example, we may share information with Direct Support Professionals, your service and support administrator (SSA), or other providers, social service agencies, and community-based organizations involved in your support to coordinate and manage the services in your plan.

For Payment. We may use and disclose your PHI to obtain payment for services we provide. For example, we may share information with Medicaid, the county board, or other payers to bill and receive payment, including information submitted through electronic visit verification (EVV).

For Health Care Operations. We may use and disclose your PHI for our internal operations, such as quality assurance activities and visits, staff training and evaluation, compliance and auditing, and general administration necessary to run our agency and improve the quality of services.

Other uses and disclosures permitted or required without your authorization

We may use or disclose your PHI without your written authorization in the following circumstances, to the extent permitted by law:

- When required by federal, state, or local law.
- To report suspected abuse, neglect, or exploitation, including major unusual incidents (MUI) and unusual incidents (UI), to the appropriate authorities and the county board or DODD.
- For public health activities, such as preventing or controlling disease.
- For health oversight activities, such as audits, investigations, inspections, and certification or licensing by DODD, the county board, or other oversight agencies.
- In response to a court or administrative order, subpoena, or other lawful process.
- To law enforcement, coroners, medical examiners, or funeral directors as permitted by law.
- To avert a serious and imminent threat to the health or safety of you or others.
- For workers' compensation or similar programs.

Uses and disclosures that require your written authorization

Most uses and disclosures of psychotherapy notes (where applicable), uses and disclosures for marketing purposes, and any sale of your PHI require your written authorization. Other uses not described in this Notice will be made only with your written authorization. You may revoke an authorization in writing at any time, and we will stop the uses and disclosures it covered, except to the extent we have already acted in reliance on it.

Uses and disclosures where you have an opportunity to object

Unless you object, we may share relevant PHI with a family member, guardian, or other person you involve in your care. If you are not present or able to agree, we may use our professional judgment to share information that is directly relevant to that person's involvement in your care.

Fundraising. PathLink does not currently use PHI for fundraising. If we ever contact you for fundraising, you have the right to opt out of receiving those communications, and we will tell you how.

Redisclosure of information

Information we disclose as permitted by the HIPAA Privacy Rule may be redisclosed by the person or entity that receives it and, once redisclosed, may no longer be protected by the HIPAA Privacy Rule.

Note on additional Ohio protections

Certain information related to developmental disabilities services receives additional confidentiality protection under Ohio law. Where state law is more protective than federal law, we follow the more protective standard.

Your rights regarding your health information

You have the following rights regarding the PHI we maintain about you. To exercise any of these rights, please contact the PathLink Privacy Office at the contact information in this Notice. Some requests must be made in writing.

- **Right to access.** You may inspect and get a paper or electronic copy of your PHI, in most cases. PathLink does not charge any fee for inspecting or getting copies of your PHI. You may also direct us to send an electronic copy of your PHI maintained in an electronic health record to a person or entity you designate.
- **Right to amend.** You may request that we correct PHI you believe is inaccurate or incomplete. We may deny the request in certain circumstances and will explain why in writing.
- **Right to an accounting of disclosures.** You may request a list of certain disclosures we made of your PHI.

- **Right to request restrictions.** You may ask us to limit how we use or disclose your PHI. We are not required to agree, except that we must agree not to share information with a health plan for payment or operations if you (or someone on your behalf) paid for that service out of pocket in full, unless the law requires us to share it.
- **Right to confidential communications.** You may ask us to contact you in a specific way or at a specific location. We will agree to reasonable requests.
- **Right to choose someone to act for you.** If you have a guardian or have given someone legal authority to act for you, that person may exercise your rights.
- **Right to a copy of this Notice.** You have the right to a paper or electronic copy of this Notice at any time, even if you agreed to receive it electronically.
- **Right to discuss this Notice.** You have the right to discuss this Notice with the PathLink Privacy Office.
- **Right to be notified of a breach.** You have the right to be notified if there is a breach of your unsecured PHI.

Our responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we may in writing.

Changes to this Notice

We reserve the right to change this Notice and to make the revised Notice effective for PHI we already have as well as any information we receive in the future. The current Notice will be posted at our office and on our website, will be available upon request, and will include its effective date.

How to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized or retaliated against in any way for filing a complaint.

To complain to PathLink, contact the PathLink Privacy Office by phone at 330.962.0427, by email at info@pathlinkohio.com, or by completing a complaint and grievance form and submitting it to our office.

To complain to the federal government, contact the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201; call 1-877-696-6775; or file online at www.hhs.gov/ocr/complaints.

Contact information

PathLink Privacy Office (Designated Compliance Officer)
PathLink – 4450 Belden Village Ave Suite 702, Canton, OH 44718
Phone: 330.962.0427 Email: info@pathlinkohio.com

The Privacy Office can answer questions about this Notice and receive privacy complaints.