

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED,
AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.
PLEASE REVIEW CAREFULLY.**

Our Commitment to your privacy:

Lifesprk is dedicated to maintaining the privacy of your protected health information. In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your protected health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time. Lifesprk will notify you if there is a breach of your unsecured protected health information, in accordance with applicable law.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your protected health information
- Your privacy rights in regards to your protected health information
- Our obligations concerning the use and disclosure of your protected health information

The terms of this notice apply to all records containing your protected health information that are created or maintained by Lifesprk. The effective date of this notice is October 1, 2014. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records maintained or created by Lifesprk in the past, and for any of your records we may create or maintain in the future. If we revise this notice, Lifesprk will post a copy of our most current notice in our offices in a prominent location, and provide you with a copy of our most current notice if you request one.

If you have questions about this notice or our privacy practices, please contact:

Privacy Officer at (952) 345-8770

COMMON USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe various common ways in which we may use and disclose your protected health information. Minnesota health care providers generally need patient consent to disclose health information, including for treatment, payment and health care operations purposes. We will ask for your consent when it is required.

Treatment

Lifesprk will use and disclose protected health information to provide or coordinate your care. We may disclose information about you to any Lifesprk personnel who are involved in your care. For example, your direct care staff may need to share information about your medications with your care manager. Additionally, we may disclose your protected health information health care providers outside of Lifesprk who are providing care to you, such as your physician, therapists, or others. Payment

Lifesprk may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive from us. For example, we may use and disclose your protected health information to obtain payment from third parties responsible for such costs, such as family members. Also, we may use your protected health information to bill you directly for services and items.

Health Care Operations

Lifesprk may use and disclose your protected health information to operate our business. For example, we may use your health information to evaluate the quality of care you receive from us, to evaluate whether we should recommend a change or modification to your services, or to train our staff.

Appointment Reminders

Lifesprk may use and disclose your protected health information to contact you and remind you of appointments or deliveries.

Health-Related Benefits and Services

Lifesprk may use and disclose your protected health information to inform you of health-related benefits or services that may be of interest to you.

Release of Information to Family/Friends

Unless you let us know that you object, Lifesprk may release your protected health information to a friend or family member that is helping you pay for your care, or assisting in your care, if the information is relevant to the person's involvement.

Disclosures Required by Law

Lifesprk will use and disclose your protected health information when we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may be required or permitted to use or disclose your protected health information without your authorization. We will use or disclose information in these scenarios in accordance with applicable law. If Minnesota law is more restrictive than federal law regarding release of information without authorization, we will follow the Minnesota law.

Public Health Risks.

We may disclose your protected health information to public health authorities authorized by law to collect information for the following purposes:

- Maintaining vital records, such as births and deaths
- Reporting suspected or possible child abuse
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.

Health Oversight Activities

Lifesprk may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings

If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning your services, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process from 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.

Law Enforcement

We may release protected health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe might have resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location of victim(s) of the crime, or the description, identity of location of the perpetrator)

Serious Threats to Health or Safety

Lifesprk may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military

Lifesprk may disclose your protected health information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

National Security

Lifesprk may disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates

Lifesprk may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation

We may release your protected health information for workers' compensation and similar programs.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Lifesprk will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You may revoke any authorization you provide to us regarding the use and disclosure of your protected health information at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. Note: We are required to retain records of your care. Unless the law provides an exception, Lifesprk will not use or disclose any psychotherapy notes about you, or use your protected health information for marketing, or sell your protected health information, without your authorization to do so.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the protected health information that we maintain about you:

Confidential Communications

You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the Lifesprk Privacy Officer. We will agree to your request if it is reasonable.

Requesting Restrictions

You have the right to request a restriction in our use or disclosure of your protected health information for treatment, payment, or health care operations, or that we limit our disclosure of your protected health information to individuals involved in your care or the payment for your care, such as family members and friends. In order to request a restriction in our use or disclosure of your protected health information, you must make a detailed request including; (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply. If you or someone on your behalf pays for a health care item or service in full, you can request that Lifesprk not disclose information about that item or service to your health plan for health payment or health care operations purposes, and we will agree to that restriction (unless the law requires us to make the disclosure). We are not required to agree to other requests; however, if we do agree, we are bound by our agreement except when otherwise required by law, or in an emergency when the information is necessary to treat you, or until you or we terminate the restriction.

Inspection and Copies

You have the right to inspect and obtain a copy of the protected health information that may be used to make decisions about you, including medical records and billing records. You must submit your request in writing to our Privacy Officer at 5320 W. 23rd Street, Suite 130, St. Louis Park MN 55416, in order to inspect and/or obtain a copy of your protected health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional, chosen by us.

Amendment

You may ask us to amend your protected health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by Lifesprk. Your request for an amendment must be made in writing and submitted to our Privacy Officer at 5320 W. 23rd Street, Suite 130, St. Louis Park MN 55416. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the protected health information kept by or for the organization; (c) not part of the

protected health information which you would be permitted to inspect and copy; (d) and/or not created by our organization, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures

All of our clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your protected health information. Some disclosures would not be included in the accounting, such as disclosures for treatment, payment and health care operations, disclosures to you or persons involved in your care, or disclosures you authorize. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer at 5320 W. 23rd Street, Suite 130, St. Louis Park MN 55416. All requests for an "accounting of disclosures" must state a time-period not longer than six years and not prior to October 1, 2004. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12 month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice any time. To obtain a copy of this notice, contact our Privacy Officer at (952) 345-8770.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our organization or with the United States Department of Health and Human Services – Office of Civil Rights. To file a complaint with Lifesprk LLC, send your written complaint to Lifesprk, Attn: Privacy Officer, 5320 W. 23rd Street, Suite 130, St. Louis Park, MN 55416. All complaints must be submitted in writing. Lifesprk will not penalize or otherwise take action against you for filing a complaint.