

**A BEAUTIFUL MIND INC**  
**NOTICE OF PRIVACY PRACTICES**

Effective May 14, 2026

THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY TO UNDERSTAND HOW WE PROTECT YOUR PRIVACY AND YOUR RIGHTS.

If you have any questions about this notice, please contact  
A BEAUTIFUL MIND INC's Corporate Compliance Department at (773) 304-3699.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom we may share it, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside our system, except when the release is required or authorized by law or regulation.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes practices regarding your protected health information for A BEAUTIFUL MIND INC's ("ABM") Departments, Programs, and Services.

**ORGANIZED HEALTH CARE ARRANGEMENT (OHCA)**

ABM participates, along with other behavioral health providers and agencies (each, a "Participating Covered Entity"), in the independent practice association ("IPA") network established by Illinois Health Practice Alliance, LLC ("IHPA").

Through IHPA, the Participating Covered Entities have established one or more organized systems of health care in which participating providers engage in joint quality assessment and improvement activities and, where applicable, share financial risk related to the delivery of health care services. As a result, these entities qualify to participate in an Organized Health Care Arrangement ("OHCA") as defined under the HIPAA Privacy Rule, 45 C.F.R. § 160.103.

As participants in the OHCA, ABM and the other Participating Covered Entities may use and disclose clients' protected health information ("PHI") to one another for the joint health care operations of the OHCA, including activities such as quality assessment and improvement, care coordination, credentialing, utilization review, population health management, and other administrative and operational functions permitted by HIPAA.

A current list of Participating Covered Entities in the OHCA is available upon request from the Corporate Compliance Officer, Kelly Harris-Preston at <mailto:kharrispreston@abmmh.com>.

**NOTE TO GUARDIANS AND POWER OF ATTORNEYS**

If you are a Guardian or authorized Power of Attorney for someone receiving services through any of the covered ABM departments, you are receiving this notice to inform you of the changes to Privacy Practices and your role in safeguarding Protected Health Information.

**RELATIONSHIP TO OTHER STATE AND FEDERAL LAWS**

This Notice of Privacy Practices is provided as required by the Health Insurance Portability and Accountability Act (HIPAA). Where state or federal law provides stricter privacy and confidentiality standards, or affords clients greater access or rights with respect to their health information, the law that provides greater protection and/or benefits to the client must be followed.

**ACCOMPANYING MATERIALS**

ABM may publish a Department-specific Addendum to accompany this Notice of Privacy Practices. It lists the programs covered by the Department and any additional privacy practices specific to their programs. If you receive this notice through one of these departments, they will provide you with their Addendum to keep you informed.

**ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE**

You will be asked to sign an acknowledgment form to confirm you received this notice, helping you understand how your protected health information may be used or disclosed, which is essential for your responsibilities. Signing is voluntary, and treatment will continue regardless.

## **OUR DUTIES REGARDING PROTECTED HEALTH INFORMATION**

"Protected Health Information" includes details like your age, address, or email that identify the individual and relate to their health or healthcare services, such as diagnoses or treatment plans. The Departments and Programs listed above are required by law to do the following:

- Make sure that your protected health information is kept private.
- We are providing this notice to inform you of our legal duties and privacy practices regarding the use and disclosure of your protected health information, emphasizing your responsibility to adhere to these standards.
- Follow the terms of the notice currently in effect.
- Make any changes to the notice available, including posting the revised notice in our facilities and on our website.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you, as well as any information we receive in the future. In the event we change the terms of this notice, individuals receiving current services will receive a copy of the revised notice via mail. You may obtain a Notice of Privacy Practices from the Department providing your services, your case manager or client representative, the ABM website at [www.abeautifulmindchicago.com](http://www.abeautifulmindchicago.com), or by contacting ABM's Corporate Compliance Officer, Kelly Harris-Preston, at <mailto:kharrispreston@abmmh.com> and requesting a copy to be mailed to you.

## **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive, and you have the right to understand how your information is used and to give or withhold consent where applicable.

### Uses and Disclosures Required by Law

We must disclose your health information to you unless a competent medical authority has determined that it would be harmful to you. You have the right to access your health information and request corrections if needed. We also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations regarding our compliance with laws protecting your health information. We may use or disclose your protected health information if required by law or regulation, ensuring your rights are protected and respected.

### Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, a doctor, nurse, case worker, social worker, counselor, or other health professional may use the information in your records to determine which treatment options, such as medication, physical therapy, or counseling, best address your health needs. The selected treatment will be documented in your record so that other health care professionals can make informed decisions about your care. We may disclose your protected health information, as necessary, to providers contracted by ABM to provide services to you on our behalf. We may disclose your protected health information to departments and programs within ABM that become involved in your care or where necessary to coordinate the services provided. Contract providers and staff in other ABM departments will also be required to protect your health information. In emergencies, we will disclose your protected health information to emergency personnel, including organizations authorized to handle disaster relief efforts, to provide the care you require.

### Payment

Unless otherwise prohibited by law, your protected health information will be used, as needed, to obtain payment for your health care services. If services provided to you are paid for by Medicare, Medicaid, or a private insurance company, we must submit a bill that identifies you, your diagnosis, and the treatment provided. As a result, we may pass such health information to insurers to help obtain payment. Recipients of mental health and Alcohol and Other Drug Abuse (AODA) services must provide written consent before we release protected health information to third-party payers.

### Healthcare Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care and related services. These activities include, but are not limited to, quality assessment, audits, investigations, oversight, staff performance reviews, licensing, communications about a product or service, and conducting or arranging for other health care related activities. These activities may involve sharing your protected health information with other ABM departments including, but not limited to, Administration, Corporate Compliance, and Human Resources. These ABM Departments will also be required to protect your health information.

If you reside at ABM or an ABM contracted facility, information related to ancillary services such as food, laundry, maintenance, and personal care may be released to non-health care workers. This information may include your name, location within the facility, your general condition, and any related clinical directives regarding your care or nutritional needs.

We will share your protected health information with third-party "business associates" who perform various activities (for example, billing, transcription services) for ABM Departments. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, we may contact you about other services related to your diagnosis or care that we believe might benefit you.

#### Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These disclosures are lawful and conducted responsibly, which should help you feel confident that your information is handled appropriately.

#### Public Health and Other Public Purposes

We may disclose your protected health information to a public health authority permitted by law to collect or receive the information. This helps protect the community by enabling us to prevent or control disease, injury, or disability, which should reassure you about the collective effort involved:

- Prevent or control disease, injury, or disability.
- Report deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Based on a need-to-know, notify a person who may have been exposed to a disease or may be at risk of contracting or spreading it.
- Notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence.

#### Legal Proceedings

We may disclose protected health information during judicial or administrative proceedings, in response to a court order or lawful process. This transparency aims to respect your rights and ensure you feel informed about how your information may be used in legal contexts.

#### Law Enforcement

We may release your protected health information as permitted by law to the proper authorities so they may carry out their duties. We may disclose protected health information for law enforcement purposes, including information requests for identification and location as permitted by law, deaths suspected from criminal conduct occurring at an ABM site or against ABM employees, and medical emergencies believed to result from criminal conduct.

#### Coroners and Funeral Directors

We may disclose your protected health information to coroners or medical examiners to determine the cause of death or for other duties authorized by law, and we will ensure you understand when disclosures are legally required.

#### Military Activity and National Security

We may disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities, including protective services to the President or others.

#### Workers' Compensation

Unless prohibited by law, we may disclose your protected health information to comply with workers'

compensation laws and other similar programs established by law.

#### Access to Information by Parents, Guardians, and Persons in a Similar Legal Status

ABM will act consistently with state and federal law and only make disclosures in accordance with such laws. The Developmental Disabilities Board, ABM, and the Human Services Department will not release health information about you to others, including family members and close personal friends, without your written consent, except:

- Guardianship or an authorized Power of Attorney.
- In emergencies, including releasing information to organizations authorized to handle disaster relief efforts.

**Except for the situations listed above, we must obtain your specific written authorization/consent for any other release of your health information.**

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing. If you wish to withdraw your authorization, please submit your written request to the department that provides your services. A contact list is provided at the end of this notice. A signed authorization by you is required for the use and disclosure of psychotherapy notes unless permitted by law; for the use and disclosure of PHI for marketing purposes; and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your authorization.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You may exercise the following rights by submitting a written request to a member of ABM's Corporate Compliance Department (listed at the end of this notice). Depending on your request, ABM may deny it. However, you may seek a review of the denial through a written request to the Corporate Compliance Officer (listed at the end of this notice).

##### Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records ABM's Departments subject to this notice use for making decisions about you. We may charge you a reasonable fee to cover expenses associated with this request. This right does not include the inspection and copying of the following records: information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information.

##### Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to ABM's Corporate Compliance Officer or another member of the Corporate Compliance Department (listed at the end of this notice) where you wish the restriction instituted. Restrictions are not transferable across ABM's Departments. If you want your restriction to apply across ABM, you must notify ABM's Corporate Compliance Officer or another member of the Corporate Compliance Department in writing of your request. In any request for restrictions, you must explain: (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply (for example, disclosures to your spouse); and (4) an expiration date.

- ABM is not required to agree to a restriction that you request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed-upon restriction at any time, in writing.
- ABM must agree to your request to restrict disclosure of protected health information to a health plan if the protected health information pertains solely to a health care item or service for which you have paid us in full.

##### Right to Request Confidential Communications

You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in an alternate location such as a private room or through a written letter sent to a specified address. We must accommodate reasonable requests, when possible. We will not ask you the reason for your request. To request alternative methods of communication, you

must submit your request in writing.

#### Right to Request Corrections or Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing, and you must provide a reason for your request.

#### Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made regarding your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must provide the list within 60 days, unless you agree to an additional 30-day extension. This right excludes disclosures made to you, for ABM's directory, or to a guardian, authorized Power of Attorney or other authorized family members or friends involved in your care. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice. ABM will provide one list per 12-month period free of charge; we may charge you for additional lists.

#### Right to opt Out of Fundraising Communications

If we contact you to raise funds, we will clearly explain how your information will be used, helping you feel respected and in control. You have the right to opt out of receiving such communications, empowering you to make choices that suit your comfort level.

#### Right to Obtain a Copy of this Notice

You can easily obtain a copy of this notice either in person, the Client Intake Admission Packet, or online at [www.abeautifulmindchicago.com](http://www.abeautifulmindchicago.com), ensuring you feel supported and confident in accessing your information whenever needed.

#### COMPLAINTS

If you believe your privacy rights have been violated, you can file a written complaint with ABM's Corporate Compliance Department or the Department of Health and Human Services without fear of retaliation, helping you feel safe and protected when speaking up.

#### CONTACT INFORMATION

To exercise your rights under this notice, get further explanation of this document, file a complaint, or get more information about the complaint process, please get in touch with the Corporate Compliance Department:

*Corporate Compliance Department*

Corporate Compliance Officer

Kelly Harris-Preston

<mailto:kharrispreston@abmmh.com>

Administrator/Executive Management

Chiquita Lee

<mailto:clee@abmmh.com>

Human Resources Director

Efrem Lee

<mailto:elee228@abmmh.com>