NOTICE OF PRIVACY PRACTICES
THE LEGACY LINK, INC.

***Date*:** July 31, 2026

THIS NOTICE DESCRIBES HOW HEALTH (MEDICAL) AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

The Legacy Link, Inc. is a nonprofit organization designated to administer and coordinate aging and disability programs funded through federal, state, and local resources. In carrying out these responsibilities, Legacy Link collects, stores, uses, and maintains medical and other confidential information about individuals receiving services. Federal and state laws establish strict requirements governing the use, disclosure, and protection of confidential and protected information. The Legacy Link, Inc. is committed to safeguarding the privacy of the individuals it serves and is required to comply with all applicable federal and state privacy and confidentiality laws, as described throughout this Notice.

Protecting your privacy is very important to us. This Notice of Privacy Practices tells you our obligations, what information we collect, how the Department may use and disclose your information, and your rights.

OBLIGATIONS OF THE LEGACY LINK, INC. :

The Legacy Link, Inc. is required by law to:

- Maintain the privacy of all your personal information;
- Give you this notice of our legal duties and privacy practices regarding personal information about you; and
- Follow the terms of our notice currently in effect.

INFORMATION WE COLLECT:

We collect information necessary to verify identity, citizenship status, residency, income, and incarceration status. This information includes but is not limited to:

- Demographic data such as name, address, telephone number, email, and age;
- Income data such as tax filing status, marriage status, tax dependents, employer, and income;
- Citizenship and immigration data such as social security number, resident alien number, and incarceration status; and
- Medical information such as disabilities, any health insurance coverage, and other information necessary to facilitate your application for benefits/services.

HOW THE LEGACY LINK, INC. MAY USE AND DISCLOSE PERSONALLY IDENTIFIABLE INFORMATION:

Personally Identifiable Information (PII) is collected, used, maintained, and shared by The Legacy Link, Inc. We collect PII during your application for benefits and/or services. The information provided is verified and confirmed through various sources. The following describes some ways The Legacy Link, Inc. may use and disclose personally identifiable information that identifies you:

- For eligibility determination; and
- For enrollment in The Legacy Link, Inc. programs;

The PII provided to The Legacy Link, Inc. by clients is purposely used to determine eligibility, approve, deny, or renew public assistance benefits. The data is maintained for the purpose of renewing benefits by verifying the eligibility, support agency denial, and approval on renewal decisions. The data is shared to effectuate the purpose of the programs. We will not create, collect, use or disclose PII for any purposes that are not authorized by law.

HOW THE LEGACY LINK, INC. MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI):

The following describes some ways The Legacy Link, Inc. may use and disclose protected health information that identifies you ("Health Information"):

As Required by Law. The Legacy Link, Inc. will disclose Health Information when required to do so by federal, state or local law.

For Treatment. The Legacy Link, Inc. may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, The Legacy Link, Inc. may disclose Health Information to doctors, nurses, technicians, or other personnel who are involved in your medical care and need the information to provide you with medical care.

For Payment. The Legacy Link, Inc. may use and disclose Health Information so that The Legacy Link, Inc. or others may bill and receive payment related to your care, an insurance company, or a third party for the treatment and services you received. For example, The Legacy Link, Inc. may provide your health plan information so that treatment may be paid for.

For Health Care Operations. The Legacy Link, Inc. may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that quality care is received and to operate, manage and administer the functions of the agency. For example, The Legacy Link, Inc. may use and disclose information to make sure the medical care you receive is of the highest quality. The Legacy Link, Inc. also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, The Legacy Link, Inc. may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. The Legacy Link, Inc. also may disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, The Legacy Link, Inc. may use and disclose Health Information for research. Before The Legacy Link, Inc. uses or discloses Health Information for research, the project will go through a special approval process.

Business Associates. The Legacy Link, Inc. may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, The Legacy Link, Inc. may utilize the services of a separate entity to perform information technology services. All The Legacy Link, Inc. business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, The Legacy Link, Inc. may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE THE LEGACY LINK, INC. TO PROVIDE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT:

Individuals Involved in Your Care or Payment for Your Care. Unless you object, The Legacy Link, Inc. may disclose to a member of your family, a close friend or any other person you identify, your Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, The Legacy Link, Inc. may disclose such information as necessary if it is determined that it is in your best interest based on the professional judgment of The Legacy Link, Inc.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your Health Information will be made with your written authorization:

1. Health Information for marketing purposes;

2. Obtaining psychotherapy notes;

3. Obtaining Substance Use Disorder (SUD) counseling notes;

4. SUD treatment records received from programs subject to 42 C.F.R. part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 C.F.R. part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed; and

5. The sale of PHI.

Your written permission is necessary before your PHI/PII are shared for any other reason not authorized by law. If you do provide The Legacy Link, Inc. with a written authorization, you may revoke it at any time by submitting a written revocation to the Privacy Officer at the contact information below. Upon

receipt, The Legacy Link, Inc. will no longer disclose PHI/PII under the prior authorization. However, disclosures made in reliance upon your authorization before you revoked it will not be affected by the revocation. Revoking consent could potentially impact the services that are provided to you or for which you could qualify.

YOUR RIGHTS:

You have the following rights regarding information The Legacy Link, Inc. has about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing. The Legacy Link, Inc. has up to 30 days to make your Health Information available to you and The Legacy Link, Inc. may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. The Legacy Link, Inc. may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. The Legacy Link, Inc. may deny your request in certain limited circumstances. If The Legacy Link, Inc. does deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and The Legacy Link, Inc. will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record) by The Legacy Link, Inc., you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. The Legacy Link, Inc. will make every effort to provide access to your Health Information in the form or format you request if it is readily producible in such form or format. If the Health Information is not readily producible in the form or format you request, your record will be provided in our standard electronic format. If you do not want this form or format, a readable hard copy form will be provided. The Legacy Link, Inc. may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified of a breach of any of your unsecured PHI and PII.

Right to Amend. If you feel that The Legacy Link, Inc. has incorrect or incomplete information about you, you may request The Legacy Link, Inc. to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To make changes, you can go through your user portal, contact customer service by phone or email, contact your case manager, or make your request, in writing, to the below referenced Privacy Officer. We encourage you to review your information on a regular basis to make sure it is correct.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures The Legacy Link, Inc. made for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Privacy Officer.

Right to Request Restrictions. You have the right to request restrictions on certain uses and/or disclosures of your information for purposes of treatment, payment, or health care operations. To request a restriction,

you must make your request, in writing. The Legacy Link, Inc. is not legally required to agree to your request unless you are requesting The Legacy Link, Inc. restrict the use and disclosure of your information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid "out-of-pocket" in full. If The Legacy Link, Inc. agrees, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that The Legacy Link, Inc. communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that The Legacy Link, Inc. only contact you by mail or at work. To request confidential communications, you must make your request, in writing. Your request must specify how or where you wish to be contacted. The Legacy Link, Inc. will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may request a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Privacy Officer. You may also obtain a copy from the Legacy Link website.

PROTECTIONS:

The Legacy Link, Inc. is committed to protecting your personal information. PII and PHI are protected with reasonable operational, administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized access, use, and/or disclosure of protected information. We do not sell any information given to us. We strictly adhere to a range of federal and state privacy and information security related standards designed to keep your information secure.

CHANGES TO THIS NOTICE:

The Legacy Link, Inc. reserves the right to change this notice at any time. The new notice applies to information already obtained as well as any information received in the future. The Legacy Link, Inc. will post a copy of the current notice at our office and on the website at www.legacylink.org. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you have any questions about this notice, please contact:

The Legacy Link, Inc. Privacy Officer
PO Box 1480
Oakwood, GA 30566
770-538-2650

If you believe your privacy rights have been violated, you may file a complaint in writing by contacting the above-referenced Privacy Officer. Please include your name, phone number, case number and a description of the complaint. You will not be penalized for filing a complaint.

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS). For more information on HIPAA or to file a complaint with HHS, please visit:

https://www.hhs.gov/hipaa/index.html.

You are not required to report an alleged violation either to The Legacy Link, Inc. or the Secretary, but you may report to either or both. There will be no retaliation for filing a complaint.

If you have questions about your health or your health care services, you should contact your health care provider (physician, pharmacy, hospital and/or other medical provider).

CONSENT:

By submitting your personal information to us, you agree that we may collect, use, and disclose any such information as permitted or required by law.

[SIGNATURE PAGE TO FOLLOW]
[KEEP THIS DOCUMENT FOR YOUR INFORMATION]

Signature Page

If you would like to acknowledge receipt of this The Legacy Link, Inc. Notice of Privacy Practices, please sign below, and return this page to the address below.

I have read, understand, and acknowledge receipt of The Legacy Link, Inc. Notice of Privacy Practices.

_____ _____

Signature Date

_____

Print Name

Return Address:

The Legacy Link, Inc.
PO Box 1480
Oakwood, GA 30566