

NOTICES & DISCLOSURES

Gradual Behavioral Health • gradualbh.com

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This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

1. Notice of Privacy Practices

Our Legal Duty

Gradual Behavioral Health (GBH) is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices, and notify you following a breach of your unsecured PHI. We are required to follow the terms of this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice. If we make a material change, we will post the revised Notice in our office and on our website.

How We May Use and Disclose Your Health Information

We use and disclose your PHI for the following purposes without your written authorization:

- Treatment — to provide, coordinate, and manage ABA services, including sharing information with supervising BCBAs, RBTs, and other treating providers.
- Payment — to bill and collect payment from Georgia Medicaid, commercial insurers, or other payers, including submitting claims and obtaining prior authorizations.
- Healthcare Operations — for quality improvement, staff training, credentialing, and compliance activities.
- As required by law — including mandatory abuse and neglect reporting under Georgia law.
- Public health activities — to authorized public health authorities.
- Health oversight activities — to government agencies including DCH and HHS for audits, investigations, and licensure.
- Serious threats to health or safety — when necessary to prevent imminent harm to you or others.
- Business Associates — with third-party vendors (billing companies, IT providers, data storage) who are contractually required to protect your information under HIPAA.

Uses and Disclosures Requiring Your Authorization

The following require your written authorization:

- Most uses and disclosures of psychotherapy notes
- Uses for marketing purposes
- Disclosures that constitute a sale of your health information
- Any use or disclosure not described in this Notice

You may revoke your authorization in writing at any time. Revocation will not apply to actions GBH already took in reliance on your authorization.

Your Rights Regarding Your Health Information

- Right to Access — You may inspect and receive a copy of your health records. Submit a written request to our Privacy Officer. We will respond within 30 days and may charge a reasonable cost-based fee.
- Right to Amendment — You may request correction of inaccurate or incomplete records. We may deny the request if the information is accurate, was not created by GBH, or is not part of your designated record set.
- Right to Accounting of Disclosures — You may request a list of disclosures made for purposes other than treatment, payment, or healthcare operations, for the six years prior to your request.
- Right to Request Restrictions — You may request limits on how we use or share your information. We must honor requests to withhold information from your health plan for services you paid for entirely out of pocket.
- Right to Confidential Communications — You may request that we contact you only by a specific method or at a specific location.
- Right to a Paper Copy — You may request a paper copy of this Notice at any time.

Complaints and Contact

To exercise any of the rights above or to file a privacy complaint, contact our Privacy Officer:

Privacy Officer: Meaghan Timko

275 Interstate North Circle SE, Suite 200, Atlanta, GA 30339

Phone: (404) 941-8614 Ext. 101

Email: compliance@gradualbh.com

You also have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

HHS Office for Civil Rights — 200 Independence Avenue, SW, Washington, D.C. 20201

Toll-Free: 1-877-696-6775 • hhs.gov/ocr/privacy/hipaa/complaints

GBH will not retaliate against you for filing a complaint.

2. Nondiscrimination & Language Access

Gradual Behavioral Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Auxiliary Aids & Language Services

GBH provides the following at no cost:

- Qualified sign language interpreters and written information in accessible formats for people with disabilities
- Qualified interpreters and translated materials for people whose primary language is not English

To request these services, contact our Civil Rights Coordinator:

Civil Rights Coordinator: Meaghan Timko

275 Interstate North Circle SE, Atlanta, GA 30339

Phone: (404) 905-6733 • Email: compliance@gradualbh.com

How to File a Civil Rights Grievance

If you believe GBH has failed to provide these services or discriminated on any of the bases above, you may file a grievance with our Civil Rights Coordinator at the contact above, or with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201

Language Assistance (Select Languages)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (404) 941-8614.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (404) 941-8614.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (404) 941-8614 번으로 전화해 주십시오.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (404) 941-8614.

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (404) 941-8614.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (404) 941-8614.

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (404) 941-8614.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (404) 941-8614 पर कॉल करें।

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (404) 941-8614.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (404) 941-8614.

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (404) 941-8614.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (404) 941-8614.

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (404) 941-8614 تماس بگیرید.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (404) 941-8614.

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。(404) 941-8614 まで、お電話にてご連絡ください。

3. Medicaid Financial & Billing Policy

Gradual Behavioral Health is an enrolled Georgia Medicaid provider. For all covered services, we accept the Medicaid allowable rate as payment in full. In accordance with federal and state law, Medicaid beneficiaries are not responsible for charges beyond applicable copayments or cost-sharing amounts determined by the Georgia Department of Community Health. While a member will not be denied care at the point of service due to an inability to pay a Medicaid copayment, the member remains responsible for any applicable cost-sharing amounts as outlined in their benefit plan.

4. Good Faith Estimates

Under federal law, healthcare providers are required to give patients who do not have insurance or who are not using insurance an estimate of expected charges before scheduled services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services.
- Your provider must give you a Good Faith Estimate in writing at least 1 business day before your scheduled service. You may also request one before scheduling.
- If you receive a bill that is \$400 or more above your Good Faith Estimate, you have the right to dispute the bill.
- Keep a copy of your Good Faith Estimate.

For questions or more information: [cms.gov/nosurprises](https://www.cms.gov/nosurprises) or call 1-800-985-3059.