

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY.

Under the Health Insurance & Accountability Act of 1996 (HIPAA), all medical records and other individually identifiable protected health information (PHI) of which we have knowledge must be kept confidential. All PHI used by us or disclosed by us is covered by this ACT regardless of whether the PHI is in electronic, oral or paper form. Several new rights are granted to patients under this Act, allowing control over how your PHI is used, how you can access it, and in some cases amend it.

We are required by the law to maintain the privacy of your PHI & to provide you with notice of our legal duties and privacy practices with respect of your PHI.

We may be assessed a penalty for any misuse or unauthorized disclosures of your personal health information as regulated by HIPAA.

The Notice of Privacy Practices is effective on February 16, 2026

We are bound to abide by the terms of this notice and reserve the right to make revisions to this policy. Should revisions be made, you will be notified in writing, and copy of the revised policy will be made available at your request.

Should any breach of unsecured PHI ever occur, we will notify the patient(s) involved within 10 business days of discovery of this breach.

You will be asking to sign a consent form authorizing us to use & disclose your personal health information only for the following purposes, as defined under the Act:

- **Treatment** means the provision, coordination, or management of health care and related services by one or more healthcare providers, including the coordination of management of health care by a healthcare provider with a third party; consultation between healthcare provider relating to a patient; or the referral of a patient for health care from one healthcare provider to another. An example of this would be a dentist referral to an Orthodontist.
- **Payment** means obtaining reimbursement for the provision of health care; determinations of eligibility of coverage; billing; claims management; collection activities; justification of charges; & disclosure to consumer reporting agencies; protected health information relating to the collection of reimbursements (only certain information may be disclosed). An example of this would be submitting your bill for health care services to your insurance company.
- **Health care operations** or any activity related to covered functions in which we participate in the function of our offices, such as conducting quality assessment activities; protocol development; case management and care coordination; auditing functions; business management and general administrative activities, including implementation of this regulation; customer service evaluations; resolutions of grievances; fundraising; and marketing for which an authorization is not required. An example of this would be evaluation customer service given to patients.

We may, without prior consent use or disclose your PHI to carry out treatment, payment or health care operations:

- Directly to you at your request.
- In an emergency treatment situation, if we attempt to obtain such consent as soon as reasonably practicable after the delivery of such treatment, if we are required by law to treat you and attempts to obtain consent are unsuccessful, or if we attempt to obtain consent but are unable due to barriers of

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communication, but we determine in our professional opinion that treatment is clearly inferred from the circumstances

- Pursuant to & in compliance with an authorization signed by you
- Provided that you are informed in advance of the use and disclosure and have the opportunity to agree to or prohibit or restrict the use or disclosure. This may be an oral agreement between us and may include a directory maintained at our facility containing specific information allowed by the Act.

We may de-identify your personal health information by using codes or removing all individually identifiable health information.

All other uses and disclosures will be made only upon securing a written authorization form signed by you. You have the right to revoke this authorization at any time, upon written notice and we will abide by that request. However, exception would be any actions already taken, relying on your authorization and prior to revocation notice. If you have paid for services out of pocket or in full, and request that we not disclose PHI related solely to these services to a health plan, we will abide by this request except where required by law to make a disclosure. Your PHI will never be sold or used for marketing purposes without your express written authorization. We may contact you to provide appointment reminders or to inform you about treatment alternative or other health related benefits or services that may be interest to you.

A written authorization from you will be required to release the following information

- Use and disclosure of psychotherapy notes
- Use and disclosure of PHI for marketing purposes
- Disclosures that constitute the sale of PHI
- Other uses and disclosures of PHI not described in the Notice of Privacy Practices

Under HIPAA, you have the following rights with respect to your protected health information

- No use or disclosure of genetic information will be released for underwriting purposes
- You have the right to request restrictions on certain uses and disclosures of protected health information, including restrictions placed upon disclosure to family members, close personal friends or any, or any other person you may identify. We are, however, not required to agree with a requested restriction.
- You have the right to receive confidential communications of your PHI, either directly from us or from us by alternative means or from alternative locations
- You have the right to inspect and copy your PHI. You may also request your PHI in an electronic format if we use an electronic (paperless) recordkeeping system.
- You have the right to amend PHI, however, this request may be denied under certain circumstances
- You have the right to receive an accounting of disclosures of your PHI made by us in the 6 years prior to the date of the account request
- You have the right to obtain a paper copy of this notice from us, even if you have already agreed to receive the notice electronically

Substance Use Disorder (SUD) Treatment Records (42 CFR Part 2)

We may receive information about you from a substance use disorder treatment program that are protected under federal law (42 CFR Part). These records have stricter confidentiality protections than other medical records

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- With your written consent, we may use or disclose Part 2 information for treatment, payment and health care operations, as permitted by law. If your consents limits how the information may be used, we will follow those limitations
- We will not use or disclose your Part 2 records in civil, criminal, administrative or legislative proceedings against you or without your written consent or a valid court order, as required by law.
- Violations of Part 2 confidentiality protections may result in civil and criminal penalties.

If you feel your privacy rights or the provisions of this notice of privacy policies has been violated, you have the right to file a formal written complaint.