

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.

If you have any questions about this Notice, please contact our Privacy Officer listed above.

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A. How This Medical Practice May Use or Disclose Your Health Information

This medical practice collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment

We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or health care providers who provide services we do not offer, pharmacists who dispense prescriptions, or laboratories that perform tests. We may also disclose medical information to family members or others who assist in your care.

Payment

We use and disclose medical information about you to obtain payment for the services we provide. For example, we provide information to your health plan as required for reimbursement. We may also disclose information to other providers to assist them in obtaining payment for services they have provided to you.

Health Care Operations

We may use and disclose medical information about you to operate this medical practice. This includes quality assessment, staff evaluation, training, accreditation, audits, compliance programs, business planning, and management. We may share your information with business associates that perform services on our behalf, such as billing services, under written agreements requiring protection of your information. We may also participate in organized health care arrangements and share information as permitted for health care operations.

Substance Use Disorder Records (42 CFR Part 2)

Certain medical information related to substance use disorder diagnosis, treatment, or referral may be protected by federal law under 42 CFR Part 2, which provides more stringent privacy protections than HIPAA.

If this medical practice creates, receives, maintains, or transmits records protected by 42 CFR Part 2, those records may not be used or disclosed without your written consent, except as permitted or required by law. These heightened protections may limit disclosures otherwise allowed under HIPAA for treatment, payment, health care operations, law enforcement, or legal proceedings.

Appointment Reminders

We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave a message on your answering machine or with the person who answers the phone.

Sign-In Sheet

We may use and disclose medical information by having you sign in when you arrive at our office or by calling out your name when we are ready to see you.

Notification and Communication With Family

We may disclose your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care about your location, general condition, or death. In disaster situations, we may disclose information to relief organizations. If you are able, you will be given the opportunity to object prior to disclosure.

Marketing

We may contact you with information about products or services related to your treatment or care coordination, provided we do not receive payment for such communications unless permitted by law. We will not use or disclose your medical information for marketing purposes or accept payment for marketing communications without your written authorization.

Sale of Health Information

We will not sell your health information without your written authorization.

Required by Law

We may use or disclose your health information when required by law, limiting such use or disclosure to the relevant legal requirements.

Public Health

We may disclose health information to public health authorities for disease control, reporting abuse or neglect, reporting domestic violence, or reporting product reactions.

Health Oversight Activities

We may disclose health information to health oversight agencies for audits, investigations, inspections, licensure, or other proceedings as required by law.

Judicial and Administrative Proceedings

We may disclose health information in response to court or administrative orders, subpoenas, or other lawful processes as permitted by law.

Limitations on Legal and Law Enforcement Disclosures of SUD Records

Substance use disorder records protected by 42 CFR Part 2 generally may not be disclosed for civil, criminal, administrative, or legislative proceedings, including subpoenas or law enforcement requests, without your written consent or a court order that meets specific federal requirements.

Law Enforcement

We may disclose health information to law enforcement officials as permitted or required by law.

Coroners

We may disclose health information to coroners for death investigations.

Organ or Tissue Donation

We may disclose health information to organizations involved in organ or tissue donation.

Public Safety

We may disclose health information to prevent or lessen a serious and imminent threat to health or safety.

Proof of Immunization

We may disclose proof of immunization to schools with your agreement.

Specialized Government Functions

We may disclose health information for military, national security, or correctional institution purposes.

Workers' Compensation

We may disclose health information as necessary to comply with workers' compensation laws.

Change of Ownership

If this medical practice is sold or merged, your medical record will become the property of the new owner, although your rights remain intact.

Breach Notification

In the event of a breach of unsecured protected health information, we will notify you as required by law.

Redisclosure of SUD Information

Federal law prohibits the redisclosure of substance use disorder records without your written consent or as otherwise permitted by 42 CFR Part 2. Unauthorized redisclosure may be subject to legal penalties.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice, we will not use or disclose your health information without your written authorization. You may revoke an authorization in writing at any time.

C. Your Health Information Rights

Right to Request Special Privacy Protections

You may request restrictions on certain uses and disclosures of your health information. We must agree to requests not to disclose information to a health plan if you paid in full out-of-pocket, unless disclosure is required by law.

Additional Rights Related to Substance Use Disorder Information

For substance use disorder records protected by federal law, you may request additional restrictions, revoke authorizations as permitted by law, and receive an accounting of disclosures where applicable. These rights may differ from standard HIPAA rights due to enhanced confidentiality protections.

Right to Request Confidential Communications

You may request to receive communications in a specific manner or location.

Right to Inspect and Copy

You may inspect or obtain copies of your health information, with limited exceptions, subject to reasonable fees.

Right to Amend or Supplement

You may request corrections to your health information if you believe it is inaccurate or incomplete.

Right to an Accounting of Disclosures

You may request a list of certain disclosures made by this practice, subject to legal limitations.

Right to a Paper or Electronic Copy of this Notice

You may obtain a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice at any time. The revised Notice will apply to all protected health information we maintain. We will post the current Notice in our office and on our website. When state or federal law provides greater privacy protection than HIPAA, we follow the more protective law.

E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services:

OCRMail@hhs.gov

<https://www.hhs.gov/hipaa/filing-a-complaint/>

You will not be penalized for filing a complaint.