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Notice of Privacy Practices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This notice describes how medical information about you may be used and disclosed, and how you obtain access to this information.
Please review it carefully.

Purpose of this Notice

I am required by federal law to provide you with this notice of my privacy practices. In the course of doing business, I gather and maintain health information that identifies, or can be used to identify, my patients. This information is called protected health information (PHI). I share your PHI to provide you with health care services, to treat you, to receive payment for your care, and to conduct my business operations when necessary.

I respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes our privacy practices with regard to uses and disclosures of your PHI.

My Duties

I am required by law to maintain the privacy of your PHI, to provide you with Notice of my legal duties and privacy practices with respect to PHI and to comply with the terms of this Notice currently in effect.

I reserve the right to change the terms of this Notice and to make the changes effective for all PHI that I maintain. If I make any material or important changes to this Notice, I will promptly post the Notice in a clear and prominent location. Upon request, I will provide you with a paper copy of the Notice, which you may keep.

Types of Uses and Disclosures of Your PHI

I am permitted by law to use and disclose your PHI for the following purposes:

Treatment: I may use and disclose PHI to provide, coordinate, or manage health care and related services for my patients; consult between health care providers relating to my patients' care, or for referring our patients for health care to other health care providers. For example, I may disclose your PHI to a physician I refer you to, or I may send a report about your care to the physician that I refer you to. I will also receive information about you from those providers.

Payment: I may use and disclose PHI to obtain reimbursement for health care services I provide to my patients; to determine eligibility or coverage of patients; for billing, claims, management, collection activities, obtaining payment under a contract for reinsurance and related health care processing; for review of health care services for medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; or for utilization review activities. I may also disclose limited PHI to consumer reporting agencies for purposes of collection of payments. For example, I may use your PHI to obtain payment approval from your health plan prior to providing any services to you.

Health Care Operations: I may use and disclose PHI in order to conduct quality assessment and improvement activities and development of clinical guidelines, population-based activities, relating to improving health or reducing health-care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment; to review the competence or qualifications of health care professionals, evaluate practitioner and provider performance, to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills, to train non-health care professionals, and for accreditation, certification, licensing or credentialing activities; to conduct or arrange for medical review, legal services and auditing function including fraud and abuse detection and compliance programs; for business planning and development, such as conducting cost management and planning related analyses related to managing and operating our organization; business management and general administrative activities including activities relating to implementation of and compliance with federal privacy standards, resolution of internal grievances; or sale, transfer,

merger or consolidation of all of part of our organization with another covered entity. For example, I may use and disclose your PHI to review and improve the quality, efficiency and cost of care that I provide, and I will audit health records to ensure compliance with HIPAA regulations.

I may also use PHI to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

I may use and disclose your PHI for the following purposes for which consent, individual authorization or the opportunity to agree or object is not required:

Required By Law: I may use or disclose PHI when required by federal, state, or local law.

Public Health Activities: I may disclose your PHI to an authorized public health authority for these purposes: to prevent or control disease, injury or disability; to report disease, injury, birth or death; to conduct public health surveillance, public health investigations and public health interventions; to report reactions to medications or problems with products or devices regulated by the Food and Drug Administration; or to notify a person who may have been exposed to a communicable disease or be at risk of contracting or spreading a disease.

Abuse, Neglect, or Domestic Violence: I may disclose PHI about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority.

Health Oversight Activities: I may disclose PHI to a health oversight agency for oversight activities as authorized by law.

Judicial and Administrative Proceedings: I may disclose PHI in the course of any judicial or administrative proceedings.

Law Enforcement Purposes: I may disclose PHI to a law enforcement official for law enforcement purposes.

About Decedents: I may disclose PHI to a medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law.

Organ, Eye, or Tissue Donation: If you are an organ donor, I may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate donation or transplantation.

Research Purposes: I may use or disclose PHI for research, regardless of the source of funding of the research, when the research project meets specific, detailed criteria established by law.

To Avert a Serious Threat to Health or Safety: I may use or disclose PHI if I, in good faith, believe the use or disclosure is necessary to avert a serious threat to the health or safety of a person or the public.

Specialized Government Function: I may use and disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command.

Workers' Compensation: I may disclose PHI to the extent necessary to comply with laws relating to workers' compensation programs.

I may disclose your PHI to a family member, relative, or close friend or any other person involved in your care or payment related to your health care, unless you object.

I will not use your PHI for any other purpose without your written authorization. I will provide you with an authorization form if needed. You may revoke or modify your authorization at any time in writing, except that I may have already taken action based on your authorization.

<u>Your Rights</u>
According to federal law, you have the following rights regarding your protected health information:

Right to Request Restrictions: You have the right to request restriction on the use and disclosure of your PHI that I use to carry out treatment, payment or health care operations. All requests must be made in writing and must specify the information that you want to restrict, how you want to restrict this information, and to whom you want

the restrictions to apply. Please note that I am not required to agree to your request. If I agree to your request, I will comply with our agreement except in certain cases, including when the information is needed to treat you in the case of an emergency.

Right to Request Confidential Communications: You have the right to request, in writing, that I communicate your PHI to you in a confidential manner. For example, you may request that I send your PHI by alternate means (e.g., sending a sealed envelope, rather than a post card) or to an alternate address (e.g., sending a letter to you at your office address rather than your home address). I will accommodate all reasonable requests.
Right to Inspect and Copy PHI: You have the right to review and obtain a copy of your PHI in certain records we maintain, such as your health record. You must make the request in writing. When providing you a copy of your records, I will charge you a reasonable fee. If I deny your request, I will explain the reason in writing. You may then have the right to appeal my decision.

Right to Amend PHI: You have the right to request amendments to your PHI or health record as long as I maintain them. You must make the request in writing and state a reason for your request. I will respond to your request in writing. I may deny your request if we believe the record to be accurate and complete or if we determine that the PHI that is the subject of the request was not created by me.

Right to Receive an Accounting of Disclosures of PHI: You have the right to receive an accounting of disclosures of PHI made by us. This accounting does not include disclosures I have made for treatment, payment, or health care operations. It also does not include disclosures made directly to you, family members or friends involved in your care or payment of your health care.

Right to Complain: I must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please direct your inquiries to the address below. Your complaint will not alter or affect the care we provide to you and we will not retaliate against you for filing a complaint.

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You also have the right to directly complain to the Secretary of the United States Department of Health and Human Services.

Effective Date

The effective date of this Notice is January 15, 2026

Revised, January 15, 2026