NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your protected health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information.

Our Commitment to Your Privacy

Your privacy is important to us. We are required by law, including HIPAA, to maintain the privacy and security of your protected health information ("PHI") and to provide you with this notice of our legal duties and privacy practices.

This notice describes how we may use and disclose your medical information and your rights regarding that information.

How We May Use and Disclose Your Information

We may use and disclose your medical records only for the following purposes: treatment, payment, and healthcare operations.

- Treatment means providing, coordinating, or managing your healthcare and related services by one or more healthcare providers. Example: A primary care physician referring you to a specialist or coordinating care with another provider.
- Payment includes activities necessary to obtain reimbursement for services provided, confirm insurance coverage, perform billing and collections, and conduct utilization review. Example: Submitting claims to your insurance company or verifying coverage prior to a procedure.
- Healthcare Operations include the business and administrative activities necessary to run our practice, such as quality assessment and improvement activities, auditing functions, cost management, staff training, and customer service. Example: Reviewing patient feedback or conducting internal quality evaluations.
- We may also use or disclose your PHI as required or permitted by law, including for law enforcement or other legitimate governmental purposes. In all such situations, we will make reasonable efforts to maintain the confidentiality of your information and limit disclosures to the minimum necessary.
- We may create and use de-identified health information by removing all information that could identify you. This information may be used for research, reporting, or operational purposes.

Other Permitted and Required Uses and Disclosures

We may also use or disclose your PHI in the following situations, as permitted or required by law:

- For public health and safety purposes
- For health oversight activities
- In response to legal proceedings or law enforcement requests
- As required by federal, state, or local law

We will make reasonable efforts to limit disclosures to the minimum necessary.

We may create and use de-identified information that does not identify you.

Communications with You

We may contact you by phone (including automated systems), text message, email, or in writing to provide:

- Appointment reminders and scheduling assistance
- Information about treatment alternatives or other health-related benefits and services
- Follow-up communications related to your care

We may also contact you regarding fundraising or marketing activities that support our practice. You have the right to opt out of receiving these communications at any time.

Clinical Technology

We may use advanced technologies, including automated and AI-assisted ambient listening tools, within our electronic systems or through compliant service providers to support your care.

These tools may assist with activities such as but not limited to:

- Managing appointment scheduling
- Responding to inbound phone calls
- Processing prescription refill requests
- Supporting prior authorization medication requests
- Documenting clinical notes from your visit
- Supporting insurance-related processes such as eligibility verification and referral requests

These technologies are used to support our clinical and administrative teams and do not replace clinical judgment or decision-making by your healthcare provider.

All such tools are implemented and maintained in accordance with applicable privacy and security requirements. Your protected health information is handled in compliance with applicable laws, including HIPAA.

Uses and Disclosures Requiring Your Authorization

The following uses and disclosures of your protected health information ("PHI") will <u>only</u> be made with your written authorization:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of your PHI for marketing purposes
- Disclosures that constitute a sale of PHI under HIPAA
- Other uses and disclosures not described in this Notice

You may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.

Your Rights Regarding Your Protected Health Information (PHI)

You have the following rights with respect to your protected health information:

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI, including disclosures to family members, relatives, close personal friends, or others you

identify. We are not required to agree to all requested restrictions. If we do agree, we will comply with the restriction unless you request in writing that it be removed.

- Right to Confidential Communications: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. We will accommodate reasonable requests.
- Right to Access and Copies: You have the right to inspect and obtain a copy of your PHI.
- Right to Request Amendments: You have the right to request that we amend your PHI if you believe it is incorrect or incomplete.
- Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we have made of your PHI.
- Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice at any time upon request.
- Right to be informed if your unprotected PHI is intentionally or unintentionally disclosed.
- Right to Breach Notification: You have the right to be notified if a breach occurs that may have compromised the privacy or security of your PHI.

Special Right Regarding Out-of-Pocket Payments

If you pay for services out of pocket in full and request that we not disclose PHI related solely to those services to your health plan, we will honor that request unless disclosure is required by law.

Our Responsibilities & Legal Duties

We are required by law, including HIPAA, to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

Changes to This Notice

We reserve the right to change the terms of this Notice and to make the revised Notice effective for all PHI we maintain. Updated versions will be posted in our office and available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Contact Information

If you have questions or would like more information, please contact:

Practice Compliance Officer
Phone: 336-940-2407

Effective Date

This Notice of Privacy Practices is effective as of: 04/29/2026