

HIPAA POLICY 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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires 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, significant rights to understand and control how your health information is used. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Treatment means providing, coordinating, or managing health care and related services, by one or more health care providers. An example of this would include a physical examination.

Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.

Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

How we may use and disclose health information about you:

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations. Some information, such as HIV-related information, genetic information, alcohol and/or substance use disorder treatment records, and mental health records may be entitled to special confidentiality protections under applicable state or federal law. We will abide by these special protections as they pertain to applicable cases involving these types of records.

In addition to use for treatment, payment, and healthcare operations, we may also use and disclose your health information in accordance with the following:

- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your health information to your family or friends or any other individual identified by you when they participate in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.
- **Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts.
- **Required by Law.** We may use or disclose your health information when we are required to do so by law, including for law enforcement purposes as permitted by HIPAA, or in response to a subpoena or court order. We may disclose your health information to an oversight agency for activities authorized by law. If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a discovery request or other lawful process instituted by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Public Health Activities.** We may disclose your health information for public health purposes, including to: prevent or control disease, report child abuse or neglect, report reactions to medications or problems with products or devices, notify a person of a recall, notify a person who may have been exposed to a disease, notify appropriate government authorities if we believe a patient has been the victim of abuse or neglect.
- **National Security.** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody the protected health information of an inmate or patient.
- **Secretary of HHS.** We may disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.
- **SUD Treatment Information.** If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2

Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Other Uses and Disclosures of PHI

Your authorization is required, with a few exceptions for disclosure of psychotherapy notes, use or disclosure of health information for marketing and for the sale of health information.

We may create and distribute de-identified health information by removing all references to individually identifiable information.

We may 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.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Your Health Information Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosure to family members, other relative, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional requests.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations. We will accommodate reasonable requests. However, if we cannot contact you using the ways you have requested, we may contact you using the information we have.
- The right to inspect and copy your protected health information. We may charge you a reasonable, cost-based fee for the cost of supplies and labor of copying your health information. If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.
- The right to amend your protected health information. We may deny your request under certain circumstances.
- The right to receive notifications of breaches of your protected health information as required by law.
- The right to obtain a paper copy of this notice from us upon request.

This notice is effective as of February 15, 2026 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaints with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact the following for more information:

The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

7600 SW Mohawk St., Tualatin, OR. 97062

P: 503-885-1515 **F:** 503-885-1520 **E:** moreinfo@spinaldx.com **W:** www.spinaldx.com