Talent Chiropractic LLC

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.

A. OUR COMMITMENT TO YOUR PRIVACY

Talent Chiropractic LLC is dedicated to maintaining the privacy of your protected health information (PHI). We operate a health center that employs a patient-centered approach to address the root causes of health issues and restore patient well-being. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA) to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our health center concerning your PHI. Under federal and state law, we must comply with the terms of the notice of privacy practices in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- Your privacy rights concerning your PHI
- How we may use and disclose your PHI
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or maintained by Talent Chiropractic LLC. We reserve the right to update or change this Notice of Privacy Practices. Any updates or changes will apply to all records our health center has created or maintained in the past, as well as to any records we may create or maintain in the future. Talent Chiropractic LLC will display a copy of our current notice in a visible area within our offices at all times, and you may request a copy of the most recent Notice at any time.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Talent Chiropractic LLC Privacy Officer: *Joel Goldman, D.C., (541) 535- 3062*

C. USES AND DISCLOSURES OF HEALTH INFORMATION

For Treatment: We may use your PHI to provide you with treatment or services. We may disclose your PHI to physicians, other providers, technicians, chiropractic students, or other personnel involved in your care now or in the future. We may also disclose your PHI to people outside of the health center who may be involved in your medical care.

We may also use your PHI to call you or send you a letter to remind you about an appointment, to follow up with diagnostic test results, or to provide you with information about other treatments and care that could benefit your health

For payment: We may use and disclose your PHI to bill and collect payment for the treatment and services you receive at the health center, whether from you, an insurance company, or a third party.

For healthcare operations: Our health centers may use and disclose your PHI to operate our business. As examples of how we may use and disclose your PHI in our operations, our health center may use your PHI to evaluate the quality of care you received from us or to conduct cost-management and business-planning activities for our health centers.

D. SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

Certain health information related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment is protected by stricter federal confidentiality laws (42 CFR Part 2) and is not treated the same as other medical information.

What Are SUD Records?

SUD records include any information that would identify you as having sought or received substance use disorder treatment.

USE AND DISCLOSURE OF SUD RECORDS

We generally may not use or disclose your SUD records without your written consent, except as permitted by law.

Your written consent must:

- Specifically authorize the use or disclosure
- Identify the recipient(s)
- State the purpose of the disclosure
- Be signed and dated by you
- Inform you of your right to revoke consent

You may revoke your consent at any time in writing, except to the extent action has already been taken in reliance on your consent.

Permitted Uses and Disclosures Without Consent

We may use or disclose SUD records without your written consent only as permitted by federal law, including:

- Medical emergencies
- Research (with required safeguards)
- Audits and evaluations

- Public health reporting as required by law
- To defend against legal actions initiated by you
- Reporting suspected child abuse or neglect, as required by law

LEGAL PROCEEDINGS AND LAW ENFORCEMENT PROTECTIONS

SUD records cannot be used, disclosed, or introduced as evidence in any civil, criminal, administrative, or legislative proceeding against you without a specific court order that meets federal requirements. A subpoena, search warrant, or arrest warrant alone is insufficient to compel disclosure of SUD records.

REDISCLOSURE WARNING

- This information is protected by federal law.
- Federal law prohibits unauthorized disclosure of substance use disorder records.
- We may not redisclose this information unless permitted by federal law.
- General authorization for the release of medical information is not sufficient for this purpose.

E. OTHER DISCLOSURES

Business Associates: We will share your PHI with our business associates that perform functions on our behalf or provide us with services, if the PHI is necessary for such functions or services. Whenever any arrangement between our health center and a business associate involves the use or disclosure of your PHI, we will have a written contract with the business associate that includes terms to protect the privacy of your PHI.

Communication with others involved with your care: Our health professionals may, in the event you are incapacitated or in an emergency circumstance, using their judgment, disclose to a family member, other relative, close personal friend, or any other person you identify, your PHI directly relevant to that person's involvement in your care or payment related to your care.

Research: Under certain circumstances, we may use and disclose your PHI for research purposes. All research projects, however, are subject to a special approval process designed to protect the privacy of your PHI.

Required by law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. Use or disclosure will be made in compliance with the law and limited to the requirements of the law. We will obtain an attestation when reproductive health care privacy is involved, as required by federal and state law. You will be notified, if required by law, of any such disclosures.

Public Health Risks: Our health center may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk of spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled or withdrawn, and needs repairs or replacement.
- Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees, or we are required or authorized by law to disclose this information. This does not include reproductive health care if banned by federal or state law.
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

Health Oversight Activities: Our health center may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general. This does not include protected health information for reproductive health care unless permitted by federal or state law.

Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions, in response to a subpoena, discovery request, or other lawful purpose. This does not include protected health information for reproductive health care unless permitted by federal or state law.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe may have resulted from criminal conduct
- Regarding criminal conduct on our premises
- In response to a warrant, summons, court order, subpoena, or similar legal process. This does not include reproductive health care protected health information unless permitted by federal or state law.
- To identify/locate a suspect, material witness, fugitive, or missing person.
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator)

Deceased Patients: Our health center may release PHI to a medical examiner or coroner to identify a deceased individual or determine the cause of death. If necessary, we may also release information to coroners, medical examiners, or funeral directors to perform their jobs. This does not include protected health information for reproductive health care unless permitted by federal or state law.

Organ and Tissue Donation: If you are an organ or tissue donor, our health center may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

Serious Threats to Health or Safety: Our health center may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety, or to the health and safety of another individual or the public. Under these circumstances, we will make disclosures only to a person or organization that may be able to help prevent or mitigate the threat. This does not include protected health information for reproductive health care unless permitted by federal or state law.

Military: Our health center may disclose your PHI if you are a member of the U.S. Armed Forces, a veteran, or a member of foreign military forces for activities deemed necessary by appropriate military command authorities, including the Department of Veterans' Affairs, for the purpose of your eligibility for or entitlement to certain benefits provided by law.

National Security: Our health center may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and national security activities authorized by law. We also may disclose your PHI to authorized federal officials to protect the President, other officials, or foreign heads of state, or to conduct investigations.

Inmates: Our health center may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the health, safety, and security of the institution, and its officers and employees, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation: Our health center may release your PHI for workers' compensation and similar programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500 et. seq. This does not include protected health information for reproductive health care unless permitted by federal or state law.

We will **not** use your PHI for marketing purposes. Other uses and disclosures from your medical record will be made only with your written authorization or approval. This includes most uses

and disclosures of psychotherapy notes, except when required by law or for other limited purposes. It also includes disclosure of your PHI that would constitute a "sale" of the PHI.

F. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications. You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. To request a type of confidential communication, please contact the Privacy Officer at the address or phone number listed in paragraph B, above, to make an appointment to complete the form. We will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, except for certain disclosures to health plans as noted below. However, if we agree, we are bound by that agreement, except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must make your request in writing to the Privacy Officer at the address or phone number listed in paragraph B, above. Your request must be described clearly and concisely:

a) the information you wish to restrict;
b) whether you are requesting to limit our health center's use, disclosure, or both; and
c) to whom you want the limits to apply.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. However, you may not obtain psychotherapy notes or information compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding. You must submit your request in writing or in person using the contact information below to inspect and/or obtain a copy of your PHI. Our health center may charge a fee for copying, mailing, labor, and supplies associated with your request. Upon request, we will provide you with an electronic copy of the PHI we maintain electronically.

4. Amendment. You may request that we amend your PHI if you believe it is incorrect or incomplete, and you may do so for as long as the information is maintained by our health center. To request an amendment, your request and the reason for it must be submitted in writing. You must provide a reason that supports your request for amendment. Our health center will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the health center; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) was not created

by our health center, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain non-routine disclosures our health center has made of your PHI for non-treatment or operational purposes. Use of your PHI in routine patient care at our health center does not require documentation. For example, the doctor shares information with the staff, or the billing department uses your information to file your insurance claim. To obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer or office contact at the address or phone number listed in paragraph B, above. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date the "accounting of disclosures" is requested. The first list you request within 12 months is free of charge, but our health center may charge you for additional lists within the same 12-month period. Our health center will notify you of the costs associated with any additional requests, and you may withdraw your request before incurring any costs.

6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time by contacting the Privacy Officer at the address or phone number listed in paragraph B, above.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with Curis Functional Health Center or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint with our health center, use the contact information below.

8. Right to Provide an Authorization for Other Uses and Disclosures. Our health center will obtain your written authorization for uses and disclosures not identified in this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note that we are required to retain records of your care.

9. Right to Restrict Disclosures to Your Health Plan. If you have paid out-of-pocket in full for any services provided at our health center and you request that we not disclose that PHI to your health plan, we will honor the request, except where we are required by law to make a disclosure.

10. Right to Notification of a Breach of Your PHI. If there is improper access, use, or disclosure of your PHI that meets the legal definition of a "Breach" of your PHI, we will notify you in writing.

Effective February 11, 2026