NEUROBALANCE PSYCHIATRY, PLLC

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2027

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR PRIVACY RIGHTS. PLEASE REVIEW IT CAREFULLY.

NeuroBalance Psychiatry, PLLC ("NeuroBalance," "we," "our," or "us") is committed to protecting the privacy and security of your protected health information (PHI). This Notice describes our privacy practices and your rights under the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state laws.

Your Rights

You have the right to:

Inspect and obtain a copy of your records. You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will respond as required by law and may charge a reasonable, cost-based fee when permitted.

Ask us to correct your record. If you believe information in your record is incorrect or incomplete, you may ask us to amend it. We may deny the request in certain circumstances, but we will explain the reason in writing when required.

Request confidential communications. You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests as required by law.

Ask us to limit what we use or share. You may request restrictions on certain uses or disclosures of your PHI. We are not required to agree to every request. If you pay in full out of pocket for a health care item or service, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations, and we will honor that request unless disclosure is required by law.

Receive an accounting of certain disclosures. You may request a list of certain disclosures of your PHI made during the six years before your request. The accounting does not include every disclosure, such as many disclosures for treatment, payment, or health care operations.

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

Choose someone to act for you. A legally authorized personal representative may exercise your rights when we verify that person's authority.

File a privacy complaint. You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. For example, you may tell us whether and how we may share information with family members, friends, or others involved in your

care or payment for your care. If you are unable to communicate your preference, we may share information when permitted by law and when we determine it is in your best interest.

We generally will obtain your written authorization before using or disclosing PHI for purposes that require authorization under HIPAA, including most uses of psychotherapy notes, most marketing purposes, and any sale of PHI. NeuroBalance does not sell your PHI. If you authorize a use or disclosure, you may revoke that authorization in writing, except to the extent we have already acted on it.

How We May Use and Disclose Your Information

Treatment. We may use and disclose PHI to provide, coordinate, or manage your care. This may include communication with pharmacies, laboratories, other treating clinicians, hospitals, or other health care providers involved in your care, as permitted by law.

Payment. We may use and disclose PHI to bill and obtain payment for services, determine eligibility or benefits, obtain prior authorization, or coordinate benefits.

Health care operations. We may use and disclose PHI to operate the practice, including quality improvement, training, compliance, credentialing, auditing, business planning, customer service, and other lawful health care operations.

Business associates. We may share PHI with vendors and contractors that perform services for us when permitted by law. When required, these business associates must appropriately safeguard PHI.

Public health and safety. We may disclose PHI for legally permitted public health activities, health oversight, reporting of certain injuries or conditions, prevention of serious threats to health or safety, and other purposes authorized or required by law.

Research. We may use or disclose PHI for research when the requirements of applicable law are satisfied.

Compliance with law. We will disclose PHI when federal or state law requires us to do so.

Workers' compensation, law enforcement, and government functions. We may disclose PHI when permitted or required for workers' compensation matters, certain law-enforcement purposes, correctional institutions, military or national-security functions, and other government activities.

Legal proceedings. We may disclose PHI in response to certain court or administrative orders, subpoenas, discovery requests, or other lawful process, subject to applicable protections.

Coroners, medical examiners, funeral directors, and organ donation. We may disclose PHI when permitted by law for these purposes.

Special Protections for Certain Information

Some categories of health information may receive additional protection under federal or Kentucky law. When a law provides greater privacy protection than HIPAA, we will follow the more protective requirement to the extent it applies. This may include certain mental health, substance use disorder, genetic, HIV-related, and other specially protected information.

Substance use disorder records: To the extent NeuroBalance receives or maintains records that are subject to 42 CFR Part 2, those records receive additional federal confidentiality protections. We will not use or disclose Part 2 records in a civil, criminal, administrative, or legislative proceeding against you, or for an investigation of you, unless the applicable legal requirements are satisfied, such as your written consent or a qualifying court order and subpoena. Other uses and disclosures of Part 2 records will be handled as required by applicable law.

Electronic Communications, Telehealth, and Patient Portal

We may use electronic systems, including our electronic health record, secure patient portal, telehealth platform, electronic prescribing systems, electronic laboratory services, and other health information technologies to provide and administer your care. We use reasonable administrative, technical, and physical safeguards designed to protect PHI.

Established patients should use the secure patient portal for patient-specific clinical or administrative communications whenever appropriate. Ordinary email, text messaging, and public website contact forms may not be appropriate for sensitive clinical information unless we specifically provide or approve a secure method.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the Notice currently in effect.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another use or disclosure is permitted or required by law.
- We will apply reasonable safeguards and, when applicable, the HIPAA minimum-necessary standard to uses, disclosures, and requests for PHI.

Changes to This Notice

We may change the terms of this Notice, and the revised Notice may apply to all PHI we maintain, including information created or received before the change. If we make a material change, the updated Notice will be available upon request, at our office, and on our website.

Questions or Privacy Complaints

If you have questions about this Notice, want to exercise a privacy right, or wish to file a privacy complaint, contact:

Privacy Officer: Joshua Patterson, PMHNP-BC
NeuroBalance Psychiatry, PLLC
1714 Perryville Rd, Suite 110
Danville, KY 40422
Phone: 859-514-3131
Website: neurobalancepsychiatryky.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a complaint is available through HHS Office for Civil Rights. NeuroBalance will not retaliate against you for filing a complaint.

Acknowledgment

You may be asked to acknowledge that you received or were offered this Notice. Your acknowledgment does not waive any privacy right and does not authorize uses or disclosures beyond those permitted by law.