

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

YOUR RIGHTS	YOUR CHOICES	OUR USES & DISCLOSURES
<ul style="list-style-type: none"> • Copy of your medical record • Correct your record • Confidential communications • Limit information we share • Accounting of disclosures • Copy of this privacy notice • Designate a personal representative • File a privacy complaint 	<ul style="list-style-type: none"> • Share with family & close friends • Disaster relief information sharing • Hospital directory inclusion • Mental health care information • No marketing use of your data • No sale of your information • Opt out of fundraising contact 	<ul style="list-style-type: none"> • Treat you and coordinate your care • Run our organization • Bill for your services • Support public health & safety • Conduct research (with safeguards) • Comply with applicable law • Respond to legal & government requests

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, and we may say "no" if it could affect your care. If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer for payment purposes.

Get a list of those with whom we've shared information

You can ask for an accounting of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We provide one accounting per year free of charge; additional requests within 12 months may incur a reasonable fee.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide a paper copy promptly.

Choose someone to act for you

If someone has your medical power of attorney or is your legal guardian, that person can exercise your rights and make choices about your health information. We will verify their authority before taking action.

File a complaint if you feel your rights are violated

You can complain by contacting us at privacy@helpaisolutions.com. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue, S.W., Washington, D.C. 20201 | 1-877-696-6775 | www.hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference, talk to us and we will follow your instructions.

You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference — for example, if you are unconscious — we may share your information if we believe it is in your best interest, or when needed to lessen a serious and imminent threat to health or safety.

We never share your information without your written permission for:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again. If we have your substance use disorder patient records subject to 42 C.F.R. Part 2, we will provide clear advance notice and a choice about whether to receive fundraising communications using your Part 2 information.

OUR USES AND DISCLOSURES

How we typically use or share your health information:

Treat You

We can use your health information and share it with other professionals who are treating you.

Example: A physician treating you for a pre-surgical condition consults another provider about your overall health.

Run Our Organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for Your Services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We provide information to your health insurance plan so it will pay for your services.

We are also allowed or required to share your information in other ways that contribute to the public good. We must meet legal requirements before sharing for these purposes. In all cases, substance use disorder records subject to 42 C.F.R. Part 2 may not be used in civil, criminal, administrative, or legislative proceedings against you without (1) your consent or (2) a court order and subpoena. Where state law affords greater protections to your health information, we will comply with those additional protections.

Public Health & Safety

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to health or safety

Research

- We may use or share your information for health research with appropriate safeguards.

Legal Compliance

- We share information when state or federal law requires it, including with HHS to demonstrate compliance with federal privacy law.

Organ & Tissue Donation

- We can share health information with organ procurement organizations.

Medical Examiners & Funeral Directors

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' Compensation, Law Enforcement & Government

- Workers' compensation claims
- Law enforcement purposes or with a law enforcement official
- Health oversight agencies for activities authorized by law
- Special government functions such as military, national security, and presidential protective services

Lawsuits & Legal Actions

- We can share health information in response to a court or administrative order, or in response to a subpoena.

Special Protections for Substance Use Disorder Records (42 C.F.R. Part 2)

To the extent that we maintain substance use disorder patient records subject to 42 C.F.R. Part 2, those records receive heightened federal protections. We will not use or share such records in any civil, criminal, administrative, or legislative investigation or proceeding against you without (1) your written consent or (2) both a court order and a subpoena. Where applicable state laws provide even greater protections — for example, relating to mental health or substance use disorder treatment — we will comply with those more protective state law requirements as well.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly 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 this notice and provide you a copy upon request.
- We will not use or share your information other than as described in this notice unless you provide written authorization. You may revoke that authorization in writing at any time.

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THIS NOTICE & CONTACT INFORMATION

Changes to This Notice

We can change the terms of this notice at any time. Changes will apply to all health information we have about you. The updated notice will be available upon request, in our office, and on our website.

Contact Our Privacy Officer

Perrin Jones, Privacy Officer
Help.AI Medical Group, PLLC
privacy@helpaisolutions.com
This notice is effective **May 1, 2026**.