

**Panagia Medical Recovery Clinic, PLLC (“Practice”)
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,**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH PRACTICE AT (248) 810 – 4727 IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW THIS FORM CAREFULLY.

This Notice is being provided to you as a requirement of two federal laws: the Health Insurance Portability and Accountability Act (“HIPAA”) 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164 and the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 U.S.C. § 290dd-2, 42 CFR Part 2 (“Part 2”). For purposes of this Notice, your “protected health information” (PHI) means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. Uses and Disclosures of PHI without Authorization or an Opportunity to Object

The following describes the different ways that your PHI may be used or disclosed by Practice. For clarification, we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information without your authorization will fit within one of these general categories:

A. **Treatment**. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your PHI to other providers who may be treating you or consulting with your provider with respect to your care. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.

B. **Payment**. We may use and disclose your PHI so that the treatment and services you receive at Practice may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may provide our billing service and your health plan your medical information for health care services we provided to you in order to receive payment. We may also disclose patient information to another provider involved in your care for the other provider’s payment activities.

C. **Operations**. We may use or disclose your PHI, as necessary, for our own health care operations in order to facilitate the function of Practice and to provide quality care to all patients. Health care operations include such activities as:

- Quality assessment and improvement activities;
- Employee review activities;
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision;
- Accreditation, certification, licensing or credentialing activities;
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs; and

- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

D. Appointment Reminders. We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at Practice.

E. Treatment Alternatives. We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

F. Health-Related Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

G. When Legally Required. We will disclose your PHI when we are required to do so by any federal, state or local law. We may also release your health information to comply with worker's compensation laws or similar programs.

H. When There Are Risks to Public Health. We may disclose your PHI for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law;
- To report vital events such as birth or death as permitted or required by law;
- To conduct public health surveillance, investigations and interventions as permitted or required by law;
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance;
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law; and
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

I. To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when you agree to the disclosure.

J. To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

K. In Connection With Judicial and Administrative 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 as expressly authorized by such order or in response to a signed authorization. In certain circumstances and, as permitted by state law, we may be able to disclose your PHI in response to a subpoena, but only where we receive satisfactory assurances that reasonable efforts have been made to notify you or to obtain a protective order. In all cases, including those listed herein, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. In all cases, including those listed herein, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. Records shall only be used or disclosed based on a court order after either Practice or you have been provided with notice and an opportunity to be heard,

where required by 42 U.S.C. 290dd-2 and Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

L. For Law Enforcement Purposes. We may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries;
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process;
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
- Under certain limited circumstances, when you are the victim of a crime;
- To a law enforcement official if Practice has a suspicion that your death was the result of criminal conduct; and
- In an emergency in order to report a crime.

M. To Coroners, Funeral Directors, and for Organ Donation. We may disclose your PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

N. For Research Purposes. We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your PHI.

O. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

P. For Specified Government Functions. In certain circumstances, the federal regulations authorize Practice to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

Q. Additional Part 2 Terms. If your records are subject to Part 2, you may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. If we are a Part 2 program, we will make uses and disclosures not described in the notice only with your written consent and you may revoke written consent as provided by 42 C.F.R. §§ 2.31 and 2.35. Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

II. Uses and Disclosures Permitted Without Authorization but With Opportunity to Object

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your PHI in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your PHI as described.

Although we currently do not engage in any fundraising activities, in the future we may contact you in order to raise funds for Practice or an institutional foundation related to Practice. Should we send you any fundraising communications, you will be provided with a clear and conspicuous opportunity to opt-out of receiving any future communications. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.

III. Uses and Disclosures Which You Authorize

Other uses and disclosures of your medical information not covered by this Notice will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose your PHI, you may revoke that authorization, in writing, at any time, except to the extent that we have acted in reliance of it. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. The following are examples of uses and disclosures requiring an authorization:

A. **Psychotherapy Notes**. If we maintain psychotherapy notes, we will require your written authorization for the use or disclosure of psychotherapy notes other than by the creator of those notes, by Practice for its training programs, or for Practice to defend itself in a legal action brought by you.

B. **Marketing**. We are required by law to receive your written authorization before we use or disclose your health information for marketing purposes, except if the communication is in the form of: (i) a face- to-face communication made by us to you; or (ii) a promotional gift of nominal value we provide. If the marketing involves direct or indirect remuneration to us from a third party, the authorization must state that such remuneration is involved. If the marketing involves financial remuneration to us from a third party, the authorization must state that such remuneration is involved. If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

C. **Sale of PHI**. Under no circumstances will we sell our patient lists or your PHI to a third party without your written authorization. Such authorization must state if the disclosure will result in remuneration to us.

IV. Your Rights

You have the following rights regarding your PHI:

A. **The right to inspect and copy your PHI**. You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the PHI. A “designated record set” contains medical and billing records and any other records that your provider(s) and Practice uses for making decisions about you. If information in a “designated record set” is maintained electronically, you may request an electronic copy in a form and format of your choice that is readily producible or, if the form/format is not readily producible, you will be given a readable electronic copy.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect or copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Notice. If you request a copy of your information, we may charge you

a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your medical records.

B. The right to request a restriction on uses and disclosures of your PHI. You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. You may also request that we not disclose your PHI to family members or friends who may be involved in your care or for notification purposes as described in this Notice. You have the right to request and obtain restrictions of disclosures of records under Part 2 to your health plan for those services for which you have paid in full, in the same manner as 45 CFR 164.522 applies to disclosures of PHI. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Practice is not required to agree to a restriction that you may request unless your request relates to a disclosure to a health plan for services that were paid in full by you or someone other than the health plan and the disclosure is not required by law. We will notify you if we deny your request to a restriction. If Practice does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting our Privacy Officer.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. The right to have your PHI amended. You may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your PHI and Part 2 records made by Practice. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. You have the right to receive a list of disclosures by an intermediary for the past 3 years as provided in 42 C.F.R. § 2.24. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. Accounting requests may not be made for periods of time in excess of six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to obtain a paper copy of this Notice. Upon request, we will provide a separate paper copy of this Notice even if you have already received a copy of this Notice or have agreed to accept this Notice electronically.

V. Our Duties

Practice is required by law to maintain the privacy of your health information, provide you with notice of our legal duties and privacy practices with respect to records, and report to you any breach of unsecured PHI. We are also required to provide you with this Notice of our duties and privacy practices and shall abide by the terms of this Notice as may be amended from time to time. We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future.

We will post a copy of any revised Notice at our location(s) and on our website. Any revised Notice will contain an effective date. In addition, each time you visit at our location(s) we will offer you a copy of the current Notice in effect.

VI. Complaints

You have the right to express complaints to Practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to Practice by contacting Practice's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

VII. Contact Person

Practice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is our Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting (248) 810 - 4727. Complaints against Practice can be mailed by sending them to:

Panagia Medical Recovery Clinic, PLLC
ATTN: Privacy Officer
43191 Dalcoma Drive, Suite 101
Clinton Township, MI 48038

VIII. Effective Date

This Notice is effective July 16, 2026.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

By signing below, I acknowledge that I have received a copy of Panagia Medical Recovery Clinic, PLLC's Notice of Privacy Practices Form.

Patient Signature: _____

Date: _____

OR

I am a parent or legal guardian of the patient. I hereby acknowledge receipt of Panagia Medical Recovery Clinic, PLLC's Notice of Privacy Practices Form with respect to the patient.

Name [please print]: _____

Relationship to Patient: (Circle one) Parent Legal Guardian

Signature: _____

Date: _____