



## **NOTICE OF PRIVACY PRACTICES**

This Notice is effective January, 2026.

**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.**

THIS NOTICE APPLIES TO HOLISTIC PSYCHEALTH, LLC and the Medical Groups and Health Plants it serves and referred to collectively in this notice as "PsychHealth".

### **INTRODUCTION**

During the course of providing you with health coverage, Holistic PsychHealth will have access to information about you that has been deemed to be "protected health information" by the Health Insurance Portability and Accountability Act of 1996, commonly known as "HIPAA." This Notice describes the medical information privacy practices of PsychHealth and explains PsychHealth's obligations and your rights regarding the use and disclosure of your protected health information. From time-to-time Holistic PsychHealth contracts with individuals or companies to perform various functions on its behalf. HIPAA refers to these persons as "business associates," and this Notice also applies to Holistic PsychHealth's business associates. Your personal physician or health care provider, and also HMOs and health insurers, may have different policies or notices regarding their use and disclosure of your protected health information.

If you have any questions about this Notice, please contact Holistic PsychHealth's Privacy Officer, at the address and phone number listed at the end of this Notice.

### **HOLISTIC PSYCHEALTH'S PLEDGE REGARDING HEALTH INFORMATION**

Holistic PsychHealth understands that medical information about you and your health is personal information. Holistic PsychHealth is committed to protecting your medical information. Under HIPAA, your protected health information ("Health Information") includes any individually identifiable information (including your name, address, date of birth, employee ID number, and Social Security number) that is linked to your past, present or future physical or mental health, the health care that you have received or payment for your health care. This Notice covers any such Health Information that is maintained by or on behalf of PsychHealth.

PsychHealth is required by law to:

- Make sure that your Health Information is kept private;
- Provide you with this Notice of Holistic PsychHealth's legal duties and privacy practices with respect to your Health Information;
- Notify affected individuals following a breach of unsecured Health Information; and
- Follow the terms of this Notice (as currently in effect or subsequently amended).

## HOW HOLISTIC PSYCHEALTH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

### 1. Uses and Disclosures for Treatment, Payment, Health Care Operations and Administration

Holistic Psychealth may use or disclose your Health Information in connection with your receiving treatment from a health care provider, Psychealth's payment for such treatment and for health care operations.

**For Treatment:** Although Holistic Psychealth does not provide treatment, Holistic Psychealth may use or disclose your Health Information to support the provision, coordination or management of your health care treatment. For example, Holistic Psychealth or its business associate may disclose the name of your treating physician to a treating orthopedist so that the orthopedist can obtain your x-rays from your physician.

**For Payment:** Holistic Psychealth may use or disclose your Health Information for Holistic Psychealth payment activities or those payment activities of another health plan or provider. "Payment" includes all activities in connection with processing claims for your health care.

**For Health Care Operations:** Holistic Psychealth may use or disclose your Health Information as part of the general administrative or business functions of Psychealth that Holistic Psychealth must perform in order to function, and for certain health care operations or providers. Additionally, Holistic Psychealth may use your Health Information in connection with conducting quality assessment and improvement activities and other activities relating to Plan coverage, conducting or arranging for medical review, legal services, or audit services. For example, Holistic Psychealth may need to review your Health Information as part of Holistic Psychealth's efforts to develop better services for you.

**For Administration:** Holistic Psychealth may contract with third parties to perform functions or activities on behalf of, or certain services for Holistic Psychealth that involve the use or disclosure of PHI and disclose your PHI to our business associate so that they can perform the job we've asked them to do. Such third parties are referred to as Business Associates. Business Associates may also assist in other activities described in this notice that involve permitted uses and disclosures. In any circumstance where Holistic Psychealth discloses Health Information to a business associate, Holistic Psychealth will have a written contract with that business associate that requires the business associate to also protect the privacy of your Health Information.

### 2. Disclosures TO Psychealth and to Your Representatives

**Disclosure to Psychealth:** Holistic Psychealth may also provide a Holistic Psychealth healthcare provider with PHI about you (e.g., copies of various reports) that should assist him or her in treating you in the future. Holistic Psychealth may also disclose PHI about you, and obtain your PHI from electronic resource information, to facilitate the provision of care to patients such as yourself. By example, Holistic Psychealth may use a prescription hub which provides electronic access to your medication history. This will assist Holistic Psychealth health care providers in understanding what other medications may have been prescribed for you by other providers.

In addition, Holistic Psychealth may disclose "summary health information" to the medical group and/or health plan. Summary health information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom Holistic Psychealth has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with federal privacy rules.

We are not required to list certain disclosures, including (i) disclosures made for treatment, payment, and health care operations purposes, (ii) disclosures made with your authorization, (iii) disclosures made to create a limited data set, and (iv) disclosures made directly to you. All requests for an "accounting of

disclosures" must state a time period, which may not be longer than six (6) years prior to the date of your request. If your medical records are maintained in an EMR system, you may request that the accounting include disclosures for treatment, payment and health care operations for the three (3) years prior to the date of such request. You must submit your request in writing to the Holistic PsychHealth Privacy Officer.

You can request 1 accounting in any 12-month period free of charge - if you request additional ones in this time frame, we may charge a reasonable cost-based fee. We will notify you before charging you - you can then withdraw or modify your request to avoid a fee.

We have 60 days to respond to your request; however, we have an additional 30 days if needed.

### **3. Other Permitted Uses and Disclosures of Your Health Information**

Holistic PsychHealth may also use or disclose your Health Information for any of the following purposes:

**Required By Law:** PsychHealth may use or disclose your Health Information to the extent that Holistic PsychHealth is required to do so by applicable law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** Holistic PsychHealth may disclose your Health Information for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. Your Health Information may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury or disability. If directed by the public health authority, Holistic PsychHealth may also disclose your Health Information to a foreign government agency that is collaborating with the public health authority.

**Communication from Offices:** We may call your home or other designated location and leave a message on voice mail, in reference to any items that assist Holistic PsychHealth in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, insurance items and any call pertaining to your clinical care. We may mail to your home or other designated location any items that assist Holistic PsychHealth in carrying out Treatment, Payment and Health Care Operations, such as appointment reminders, patient satisfaction surveys and patient statements.

**Health Oversight:** Holistic PsychHealth may disclose your Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Open Treatment Areas:** Sometimes patient care is provided in an open treatment area. While special care is taken to maintain patient privacy, others may overhear some patient information while receiving treatment. Should you be uncomfortable with this, please bring this to the attention of the provider and you may inform our Privacy Officer.

**Abuse or Neglect:** Holistic PsychHealth may disclose your Health Information to any public health authority authorized by law to receive information about abuse, neglect or domestic violence if Holistic PsychHealth reasonably believes that you have been a victim of abuse, neglect or domestic violence. In this case, PsychHealth will inform you that such a disclosure has been or will be made unless that notice will cause a risk of serious harm.

**To Avert a Serious Threat to Health or Safety:** Holistic PsychHealth may use or disclose your Health Information when reasonably necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone reasonably able to help prevent or lessen the threat.

**Legal Proceedings:** Holistic PsychHealth may disclose your Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, PsychHealth may disclose your Health Information under certain conditions in response to a subpoena, court-

ordered discovery request or other lawful process, in which case reasonable efforts must be undertaken by the party seeking the Health Information to notify you and give you an opportunity to object to the disclosure.

**Law Enforcement:** Holistic PsychHealth may disclose your Health Information if requested by a law enforcement official as part of certain law enforcement activities.

**Communication with Family/Personal Friends:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care. When a family member(s) or a friend(s) accompany you into the exam room, it is considered implied consent that a disclosure of your PHI is acceptable.

**Coroners, Funeral Directors, and Organ Donation:** PsychHealth may disclose your Health Information to a coroner or medical examiner for identification purposes, or other duties authorized by law. Holistic PsychHealth may also disclose your Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Holistic PsychHealth may disclose such information in reasonable anticipation of death. Holistic PsychHealth may also disclose Health Information for cadaveric organ, eye or tissue donation purposes.

**Research:** Holistic PsychHealth is permitted to disclose your Health Information to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your Health Information.

**Military Activity and National Security:** When the appropriate conditions apply, Holistic PsychHealth may use or disclose Health Information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by military command authorities; or (2) to a foreign military authority if you are a member of that foreign military service. Holistic PsychHealth may also disclose your Health Information to authorized federal officials conducting national security and intelligence activities.

**Workers' Compensation:** Holistic PsychHealth may disclose your Health Information to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Holistic PsychHealth may disclose your Health Information to the institution or official if the Health Information is necessary for the institution to provide you with health care; to protect the health and safety of you or others; or for the security of the correctional institution.

**Required Uses and Disclosures:** Holistic PsychHealth must make disclosures of Health Information to the Secretary of the U.S. Department of Health and Human Services ("HHS") to investigate or determine Holistic PsychHealth compliance with the federal regulations regarding privacy. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws. As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Law Enforcement:** We may disclose PHI for law enforcement purposes as required by law.

**Inmates and Correctional Institutions:** If you are an inmate or you are detained by a law enforcement officer, we may disclose your PHI to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety at the place where you are confined.

## **Our Responsibilities**

Holistic Psychealth is required to:

- Maintain the privacy of your PHI.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the Notice currently in effect
- Notify you in writing if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.
- Notify you in writing of a breach where your unsecured PHI has been accessed, acquired, used or disclosed to an unauthorized person. "Unsecured PHI" refers to PHI that is not secured through the use of technologies or methodologies that render the PHI unusable, unreadable, or indecipherable to unauthorized individuals.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, such revised Notices will be made available to you.

We will not use or disclose your PHI without your written authorization, except as described in this Notice.

## **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

**Psychotherapy Notes:** Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against Holistic PsychHealth), Holistic PsychHealth will not use or disclose any mental health professional's psychotherapy notes (discrete notes that document the contents of conversations during counseling sessions) without your prior written authorization.

**Marketing or Sales:** Unless you give Holistic PsychHealth your prior written authorization, Holistic PsychHealth will not use or disclose your Health Information for any paid marketing activities or sell your Health Information.

**Other Uses and Disclosures of Health Information:** Other uses and disclosures of your Health Information not described in this Notice will only be made with your prior written authorization. For example, a written authorization from you would be necessary to disclose your Health Information to a disability insurance company for purposes of obtaining disability benefits, or to a law firm in connection with litigation, unless otherwise permitted or required as outlined above. If you provide Holistic PsychHealth with written authorization to use or disclose your Health Information for purposes other than those set forth in this Notice, you may revoke that authorization in writing at any time. If you revoke your authorization, PsychHealth will no longer use or disclose your Health Information for the reasons covered by your written authorization. However, you understand that Holistic PsychHealth is unable to take back any disclosures Holistic PsychHealth has already made with your authorization, and that Holistic PsychHealth is required to retain records of the services Holistic PsychHealth provided to you.

## ADDITIONAL SPECIAL PROTECTIONS

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental health information. If you have questions please contact the Privacy Officer at the address below.

### YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding the Health Information that PsychHealth maintains:

**Right to Request a Restriction on the Use and Disclosure of Your Health Information:** You may ask Holistic PsychHealth to restrict the uses and disclosures of your Health Information to carry out treatment, payment or health care operations. You may also request that Holistic PsychHealth restrict uses and disclosures of your Health Information to family members, relatives, friends or other persons identified by you who are involved in your care. However, Holistic PsychHealth is not required to agree to a restriction that you request unless the request relates to the use or disclosure of information for payment or health care operations regarding services that you or another person (other than Holistic PsychHealth) has already paid for in full. If Holistic PsychHealth does agree to the request, Holistic PsychHealth will not use or disclose your Health Information in violation of that restriction unless it is needed to provide emergency treatment or Holistic PsychHealth terminates the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to Health Information created or received prior to Holistic PsychHealth notice to you of Holistic PsychHealth termination of the restriction. To request a restriction, you must write to the Privacy Officer at the address below indicating (1) what information you want to restrict, (2) whether you want to restrict use, disclosure or both, and (3) to whom you want the restriction to apply.

**Right to Request to Receive Confidential Communications by Alternative Means or at an Alternative Location:** Holistic PsychHealth will accommodate your reasonable request to receive communications of Health Information from PsychHealth by alternative means or at alternative locations if the request includes a statement that disclosure using Holistic PsychHealth regular communications procedures could endanger you.

Please direct your written request to the Privacy Officer at the address below.

**Right to Inspect and Copy:** As long as Holistic PsychHealth maintains it, you may inspect and obtain a copy of your Health Information that is contained in a “designated record set” – which are records used in making enrollment, payment, claims adjudication, medical management and other decisions. To request access to inspect and/or obtain a copy of any of your Health Information, you must submit your request in writing to the Privacy Officer at the address below indicating the specific information requested, and you may also direct Holistic PsychHealth to transmit the copy of Health Information directly to another person that you designate in writing. If you request a copy of Health Information, please indicate in which form you want to receive it (i.e., paper or electronic). Holistic PsychHealth may impose a fee to cover the costs of producing, copying and mailing the requested Health Information. Holistic PsychHealth may deny your request to inspect and copy your Health Information in certain limited circumstances. For example, under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to Holistic PsychHealth and to HHS.

**Right to Amend Your Health Information:** If you believe that Health Information that Holistic PsychHealth has about you is incorrect or incomplete, you may request that it be amended. Your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. Holistic PsychHealth may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Holistic PsychHealth may deny your request if you ask Holistic PsychHealth to amend information that did not originate with Holistic PsychHealth (unless the person or entity that originated the Health Information is no longer available to make the amendment), is not contained in the records maintained by Holistic PsychHealth, is not part of the information that you would legally be permitted to inspect and copy, or is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an accounting (*i.e.*, a list) of certain non-routine disclosures of your Health Information. In general, the list will not include disclosures that were made: in connection with your receiving treatment, payment for such treatment and for certain health care operations; to you regarding your own Health Information; pursuant to your written authorization; to a person involved in your care or for other permitted notification purposes; for national security or intelligence purposes; or to correctional institutions or law enforcement officials. To request a list of disclosures, contact the Privacy Officer at the address below. You have the right to receive an accounting of disclosures of Health Information made within six years (or less) of the date on which the accounting is requested. Your request should indicate the form in which you want the list (*e.g.*, paper or electronic). The first accounting you request within a 12-month period will be free of charge. For additional requests within the 12-month period, Holistic PsychHealth will charge you for the costs of providing the accounting. Holistic PsychHealth will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

**Right to Obtain a Paper Copy of this Notice:** You may request a paper copy of this Privacy Notice at any time, even if you have previously agreed to accept the Notice electronically. Requests should be made to the Privacy Officer at the address below.

## COMPLAINTS

If you believe that your privacy rights have been violated, you may file a written complaint with Holistic PsychHealth at the address below or

- Contact the U.S. Department of Health and Human Services (HHS)
- File a complaint with the Office for Civil Rights (OCR) online, by mail, fax, or email
- Call the OCR toll-free at 1-800-368-1019
- Email OCR at [OCREmail@hhs.gov](mailto:OCREmail@hhs.gov)

Holistic PsychHealth will not retaliate against you for filing a complaint.

## CHANGES TO THIS NOTICE

Holistic PsychHealth reserves the right to change the terms of this or any subsequent Notice at any time. If Holistic PsychHealth elects to make a change, the revised Notice will be effective for all Health Information that Holistic PsychHealth maintains at that time. If Holistic PsychHealth makes a material change to this Notice, and if Holistic PsychHealth posts this Notice on its web site, Holistic PsychHealth will post the revised Notice by the effective date of the material change and also provide the revised Notice by mail. If Holistic PsychHealth does not post this Notice on its website, within 60 days of any material change of this Notice Holistic PsychHealth will provide the revised Notice to participants.

## FOR QUESTIONS OR REQUESTS

If you have any questions regarding this Notice or the subjects addressed in it, or would like to submit a request as described above, please contact:

Holistic PsychHealth, LLC  
P.O. Box 4973  
Skokie, IL 60076-4973  
[contactus@holisticpsychealth.com](mailto:contactus@holisticpsychealth.com)