

## Notice of HIPAA Privacy Practices

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 AND REPORT ANY ISSUES, OR CONCERNS, TO: Trusted Medical 1333 Meadowlark Lane, Suite 201, Kansas City, KS 66102.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law requiring that all medical records and other individually identifiable health information used, or disclosed, by us in any form, including whether electronically, via video or teleconference, or orally, are kept properly confidential. HIPAA gives you, the Patient, rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse protected health information.

We have prepared this “Notice of HIPAA Privacy Practices” (Notice) to explain how we maintain the privacy of your health information and how we may use and disclose your health information. We are a Covered Entity under HIPAA, and are required by law to provide this Notice. We strive to foster confidence between you and us with respect to your protected health information and maintain this Notice as a courtesy to provide information on how we may use your protected health information. We also work closely with your clinicians and practitioners who furnish clinical care to collaboratively properly maintain your protected health information. We will notify you if we experience a breach of your unsecured protected health information. We will follow the terms of this Notice and we may amend the Notice if we change any of our privacy policies or practices. We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available on our web site and in person at any of our locations.

We may use and disclose your medical records for each of the following purposes: treatment, payment, and health care operations:

TREATMENT means providing, coordinating, or managing health care and related services by one or more health care providers including through Registry services and direct and indirect care.

PAYMENT means such activities as obtaining payment or reimbursement for services, billing or collection activities and utilization review.

HEALTH CARE OPERATIONS include running our business, managing your Patient Navigator Portal to facilitate your care, as well as conducting quality assessment review and service improvement planning activities, auditing functions, and customer service.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes, including:

- Help with public health and safety issues:
  - We can share health information about you for certain situations such as 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 anyone’s health or safety.

- Comply with the law:
  - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- With your Authorization:
  - We will share information about you with those designated by you with your express written authorization. These uses include: the use of your psychotherapy notes for treatment, training, or defense in a legal action or proceeding brought by you; Marketing; or the sale of your information.

Further, we may create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about our services or other health-related services that may be of interest to you. We may contact you and use certain information about you for fundraising efforts, but you can tell us not to do so. We may use a business associate or institutionally related foundation for these contacts. If you are a member of a Registry, we may use your information for the purpose of introducing clinical trial opportunities with our business associates.

Only with your written consent, we may use your information for marketing, fundraising, or sharing psychotherapy notes. We may sell your information if you consent in writing.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You may exercise the following options with respect to your protected health information, by presenting a written request to us.

You have the right to request restrictions on the ways we use and disclose your health information for treatment, payment, and healthcare operations. You may also request that we limit our disclosures to persons assisting your care. We will consider your request, but are not required to accept it.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you may inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a nominal fee for copying, packaging, and postage.

If you believe that information in your records is incorrect, or incomplete, you have the right to ask your Clinician to correct the existing information, or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

You have the right to request from your Clinician a list of certain instances when we have used or disclosed your medical information. If you ask for this information from us more than once every twelve months, charges may apply, to cover our costs for administration, archive retrieval, copying, packaging, and postage. Upon request, you have a right to receive a paper copy of this notice.

You can complain if you feel we have violated your rights by contacting at 1-833-354-1492. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

This Notice is effective June 22, 2025

Trusted Medical PLLC  
1-833-354-1492  
[Support@ellahealth.com](mailto:Support@ellahealth.com)