CYBERDRIP HEALTH

THE FUTURE FEELS BETTER

Notice of Privacy Practices

EFFECTIVE DATE: FEBRUARY 16, 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.

ABOUT YOUR PROTECTED HEALTH INFORMATION

Protected health information (PHI) about you is kept as a written and/or electronic record of your contacts or visits for healthcare services with our practice. PHI is information about you, including demographic information (for example your name, address and phone), that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on keeping your PHI confidential, using your information, and sharing it with other healthcare professionals involved in your care. This Notice describes your rights to access and control your PHI. It also describes how we use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations, and for other purposes permitted or required by law.

YOUR RIGHTS UNDER THE PRIVACY RULE

You have the right to receive a copy of this Notice
We are required to follow the terms of this Notice. We may change its terms at any time. On request, we will give you a revised Notice by mail, or you can ask for one at your next appointment. This Notice is posted in our office and on our website.

You have the right to authorize other uses and disclosures
Any use or disclosure of PHI not described in this Notice requires your written authorization. For example, we need your written authorization to use or disclose your PHI for marketing, for most uses or disclosures of psychotherapy notes, or to sell your PHI. You may revoke an authorization in writing at any time, except where we have already acted on it.

You have the right to confidential communications
You may ask us to contact you about medical matters by another method (such as email or telephone) or at another destination (such as a cell phone or different address). Tell us in writing, using our form, and we will follow all reasonable requests.

You have the right to inspect and copy your PHI
You may inspect and obtain a copy of your complete health record. If your record is kept electronically, you may request an electronic copy. We may charge a reasonable fee as allowed by professional, state or federal guidelines.

You have the right to request a restriction
You may ask us in writing not to use or disclose part of your PHI for treatment, payment or healthcare operations. If we agree, we will follow it except in an emergency when the information is needed for your treatment. We may deny some requests. If you, or someone on your behalf, paid in full out of pocket for a service, you may require that we not share information about it with your health plan, and we will not deny that request.

You may have the right to request an amendment
You may ask us to amend your PHI for as long as we keep it. In certain cases we may deny the request.

You have the right to an accounting of disclosures
You may request a list of disclosures we have made of your PHI to people or organizations outside our office.

You have the right to a breach notice
You will receive written notice if we discover a breach of your unsecured PHI and a risk assessment determines notification is required.

HOW WE MAY USE OR DISCLOSE YOUR INFORMATION

Treatment
We may use and disclose your PHI to provide, coordinate or manage your care, including with others involved in your treatment. For example, we may share your PHI with the pharmacy that fills your prescription, or with other healthcare providers involved in your care.

Appointment reminders and health information
We may use your PHI to remind you of appointments, share exam or test results, and tell you about treatment alternatives or health related services we offer. You may opt out of these communications, and each one will explain how.

Payment
We may use your PHI to obtain payment for your care, including activities your health plan may require before approving or paying for services, such as checking eligibility or coverage.

Healthcare operations
We may use or disclose your PHI to support the business activities of our practice, including business planning, quality assessment and improvement, medical review, legal services, auditing and patient safety activities.

Health information organizations
We may use a health information organization or similar service to exchange information electronically for treatment, payment or healthcare operations.

People involved in your care
Unless you object, we may share PHI that directly relates to a family member's, relative's, close friend's or other identified person's involvement in your care. If you are unable to agree or object, we may share what is necessary when, in our professional judgment, it is in your best interest. We may also use or disclose PHI to notify a family member, personal representative or other person responsible for your care of your general condition or death.

Other uses permitted or required by law
We may use or disclose your PHI without your written authorization: as required by law; for public health activities; for health oversight; in cases of abuse or neglect; to comply with Food and Drug Administration requirements; for research; for legal proceedings; for law enforcement; to coroners, funeral directors and for organ donation; for military activity and national security; for workers' compensation; for inmates of a correctional facility; and when requested by the Department of Health and Human Services to investigate our compliance with the Privacy Rule.

Substance use disorder records (42 CFR Part 2)
Records relating to substance use disorder treatment are protected by federal law (42 CFR Part 2). They may not be used or disclosed without your specific written consent, except as expressly permitted by law, and may not be used in civil, criminal, administrative or legislative proceedings without a valid court order.

QUESTIONS AND PRIVACY COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

PRIVACY OFFICER

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