



FillPoint Health, LLC HIPAA Notice of Privacy Practices

Effective Date: June 26, 2025

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION BELOW CAREFULLY.

I. Our Duties Under HIPAA

In providing services to you, FillPoint Health, LLC (referenced as “our” or “we”) will create and maintain records containing your identifiable medical information, referred to as “protected health information” or “PHI.” We may store, use and disclose PHI in paper form or electronically.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) restricts how your PHI may be used and disclosed. This Notice of Privacy Practices (this “Notice”) provides you with information about how we may use and disclose your PHI, your privacy rights under HIPAA, and our obligations concerning the use and disclosure of your PHI.

We are required by law to do the following:

- Maintain the privacy of your PHI
- Notify affected individuals in the event of an unsecured breach of PHI
- Provide you with this Notice of our legal duties and privacy practices concerning your PHI
- Abide by the terms of the Notice currently in effect

We reserve the right to change the terms of this Notice, and any changes will apply to all PHI we maintain. We will post a copy of our current Notice on our website. In addition, you may request a copy of our current Notice at any time.

II. Permitted Uses and Disclosures of Your PHI Without Your Authorization

This section describes the different ways we may use and disclose your PHI without your authorization. We include examples of how we may use and disclose your PHI within each category, meaning not every use or disclosure within each category will be listed. When PHI is disclosed pursuant to HIPAA, it is possible that the information could be re-disclosed by the recipient and no longer protected by HIPAA.

- **Treatment.** We may use and disclose your PHI to treat you, including to make decisions about the provision, coordination or management of your healthcare, to dispense your prescription medications to you, to consult with other healthcare providers, and to otherwise determine the appropriate treatment for your condition(s). For example, a pharmacist may consult your physician to determine how to best treat you. Also, we may disclose your PHI to an emergency room physician who is treating you in order to prevent a potentially dangerous drug interaction.

- **Payment.** We may use and disclose your PHI in order to bill and collect payment for the items and services we provide to you. For example, we may contact your health insurer to certify that you are eligible for benefits (and, if so, what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties who may be responsible for such costs, such as family members. We may also use your PHI to bill you directly for services and items.
- **Healthcare Operations.** We may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care we provide, to conduct cost-management and business planning activities, and to arrange for legal services. We may use and disclose your PHI to contact you in order to remind you of deliveries and to inform you of health-related benefits or services that may be of interest to you.
- **De-identification and Sale of De-identified Data.** We may use and disclose your PHI to create information that is de-identified. In other words, we may take PHI and remove identifiers in order to create information that is no longer individually identifiable as defined by HIPAA. Once de-identified, the data is no longer considered PHI and is therefore no longer protected by HIPAA. We use, disclose, and may sell de-identified data in our daily operations.
- **Family/Friends.** Unless you object, we may disclose your PHI to a family member or personal friend who is involved in your care or payment for that care.
- **Required By Law.** We will use and disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with HIPAA.
- **Public Health.** We may use or disclose your PHI for public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (e.g., the Food and Drug Administration).
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.
- **Judicial and Administrative Proceedings.** We may use and disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by a party involved in the dispute, but only if we receive assurances you have been notified of the request or there is a protective order in place or requested. If we receive records from substance use disorder treatment programs subject to federal privacy restrictions found at 42 CFR Part 2, such records or testimony about their content cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent or we receive a court order entered after notice and an opportunity to be heard is provided to the individual or us, as provided by 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal

requirement compelling disclosure before the requested substance use disorder record is used or disclosed.

- **Law Enforcement.** We may disclose your PHI to a law enforcement official for law enforcement purposes as permitted by HIPAA, such as reporting to law enforcement officials certain limited information about a suspect or missing person.
- **Serious Threats to Health or Safety.** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to the health and safety of an individual or the public. Under these circumstances, we will only make disclosures to a person or organization reasonably able to help prevent or lessen the threat.
- **Workers' Compensation.** We may release your PHI for workers' compensation and similar programs as permitted by law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Organ or Tissue Donation.** Consistent with applicable law, we may release your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Research.** We may use or disclose your PHI for research in compliance with HIPAA.
- **Health Information Exchanges.** We may participate in one or more health information exchanges ("HIEs") and may electronically share your PHI for treatment, payment or healthcare operations and other permitted purposes with other participants of the HIE. HIEs allow your healthcare providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.
- **Our Business Associates.** We may share your PHI with third party business associates that perform various activities for us. These contractors are required by law and their contractual agreements with us to protect your PHI in the same way we do.
- **Limited Data Sets.** We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health and health care operations, provided the recipients of the data set agree to keep it confidential.
- **Abuse, Neglect or Domestic Violence.** If we reasonably believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to the government agency authorized to receive such information.
- **National Security/Inmates.** We may use or disclose your PHI for special government functions such as military, national security, intelligence, counterintelligence, and presidential protective services as authorized by law. Under certain circumstances, we may use or disclose the PHI of inmates of a correctional institution or those in police custody.

III. Uses and Disclosures of Your PHI Requiring Your Authorization

We will obtain your written authorization for uses and disclosures that are not described in Section II of this Notice. An authorization is required for most uses and disclosures of psychotherapy notes and PHI for marketing purposes and disclosures that constitute the sale of PHI.

You may revoke your authorization at any time. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization except to the extent we have already relied upon the authorization. To revoke your authorization, please contact us using the contact information provided in Section V of this Notice.

IV. Your Rights Regarding Your PHI

You have the following rights regarding the PHI that we maintain about you. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make healthcare decisions for you (known as a “personal representative”), that individual may exercise any of the rights listed below on your behalf.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. To request a type of confidential communication, you must make a written request specifying the requested method of contact or the location where you wish to be contacted. We will accommodate reasonable requests. You are not obligated to give a reason for your request.
- **Right to Request Restrictions.** You have the right to request a restriction on how we use or disclose your PHI for treatment, payment, or healthcare operations. We are not required to agree to your requested restriction(s), except we must agree to restrict disclosures of your PHI for payment or healthcare operations purposes not required by law to a health plan where you, or someone other than your health plan, pay in full for the healthcare service. To request a restriction, you must make your request in writing.
- **Right to Access Your PHI.** You have the right to inspect and obtain a copy of your PHI. You must submit your request in writing. We may charge a reasonable cost-based fee for the costs of copying, mailing, labor, and supplies associated with your request.
- **Right to Request Amendment of Your PHI.** You may ask us to amend your PHI if you believe it is incorrect or incomplete. You must make your request in writing. We may deny your request if you ask us to amend information that is: (i) accurate and complete; (ii) not part of the identifiable health information we keep; (iii) not part of the PHI which you would be permitted to inspect and copy; or (iv) not created by us, unless the individual or entity that created the information is not available to amend the information.
- **Right to an Accounting of Disclosures of Your PHI.** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures we have made of your PHI. To obtain an accounting of disclosures, you must submit your request in writing. All requests must state a time period, which may not be longer than 6 years back from the date of your request. The first list you request within a 12-month period is free of charge, but we may charge

you for additional lists within the same 12-month period. We will notify you in advance of the costs involved with additional requests so that you may withdraw your request before you incur any costs.

- **Right to a Paper Copy of This Notice.** You are entitled to obtain a paper copy of this Notice at any time, even if you agreed to receive this Notice electronically.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us using the contact information provided below or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. We will investigate all complaints.

IV. Our Contact Information

(614) 943-8801

FillPoint Health LLC
ATTN: Compliance Officer
6175 Shamrock Ct Ste S
Dublin, OH 43016