

HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Ziks Health Services is committed to safeguarding your protected health information (PHI). This Notice of Privacy Practices explains our legal duties, our privacy practices, and your individual rights regarding your medical and mental health records under the Health Insurance Portability and Accountability Act (HIPAA) and applicable state privacy laws.

How We May Use and Share Your Information

We typically use or disclose your protected health information for the following purposes:

- **Treatment:** We use and share your PHI with clinicians, staff, and other healthcare professionals involved in your care to evaluate, diagnose, and coordinate your treatment. For example, your psychiatric provider may coordinate care with your therapist, primary care physician, or dispensing pharmacy.
- **Payment:** We use and share your PHI to bill and collect payment from your health insurance plan, Medicaid, Medicare, or other third-party payers. For example, we transmit diagnostic and procedure codes to your health plan to obtain reimbursement for services rendered.
- **Healthcare Operations:** We use and share your PHI to run our clinical practice, improve the quality of our services, and manage administrative operations. This includes internal clinical supervision, quality assessments, clinician credentialing, electronic health record maintenance, compliance audits, and business planning. When outside vendors (Business Associates) perform administrative or technical functions on our behalf, they are legally bound by formal agreements to safeguard your information.

Routine Communications and Appointment Reminders

We may use your contact details to provide appointment confirmations, scheduling alerts, practice updates, and treatment-related notifications. These communications may be delivered via:

- Secure NovoClinical Patient Portal messages
- Secure email transmissions
- Automated or direct telephone calls and voicemail messages
- SMS text messages

Family, Caregivers, and Emergency Contacts

We may share relevant health information with a family member, personal representative, or trusted caregiver directly involved in your care or payment for care if:

- You give us explicit verbal or written permission to do so.
- We provide you with an opportunity to object and you do not object.
- Using our professional clinical judgment during an acute medical or psychiatric emergency, we determine that disclosure is in your best interest.

Enhanced Protections and Specific Disclosures

Substance Use Disorder Records (42 CFR Part 2) Certain substance use disorder (SUD) records maintained by our practice receive heightened confidentiality protections under federal law (42 CFR Part 2).

- **Legal Proceeding Restrictions:** Qualifying Part 2 records cannot be used or disclosed to initiate or substantiate criminal charges, civil actions, administrative proceedings, or legislative investigations against you without your specific written consent or an authorizing court order meeting Part 2 legal standards.
- **Treatment, Payment, and Operations:** When authorized by your single general consent, qualifying records may be used or disclosed for treatment, payment, and healthcare operations in alignment with HIPAA regulations.

Reproductive Health Care Privacy Under federal privacy regulations, Ziks Health Services is strictly prohibited from using or disclosing your protected health information:

- To conduct a criminal, civil, or administrative investigation into any person for seeking, obtaining, providing, or facilitating lawful reproductive health care.
- To impose criminal, civil, or administrative liability on any person for seeking, obtaining, providing, or facilitating lawful reproductive health care.
- To identify any person for any of the prohibited purposes above.

Any request from law enforcement, judicial officials, health oversight bodies, or administrative agencies that potentially implicates reproductive health data requires the requesting party to submit a valid, legally binding attestation confirming the request is not for a prohibited purpose before records can be evaluated for release.

Psychotherapy Notes "Psychotherapy notes"—notes recorded by a mental health professional documenting private counseling sessions that are kept separate from the rest of your medical record—receive extra privacy safeguards. These notes are distinguished from general progress notes, medication prescription lists, diagnosis summaries, and treatment plans. Psychotherapy notes are never released without your express written authorization, except in limited circumstances permitted by law (such as mandatory child abuse reporting, defending our practice against a formal legal complaint brought by you, or averting an imminent, serious threat of violence).

Disclosures Permitted or Required by Law Without Authorization

We are legally permitted or required to disclose your PHI without your authorization in the following circumstances:

- **Child and Vulnerable Adult Protection:** Mandatory reporting of suspected child abuse, neglect, or exploitation, or the abuse, neglect, or exploitation of a vulnerable or elderly adult.
- **Averting Serious Threats to Safety:** Taking protective clinical action when you present an imminent, credible threat of severe physical harm to yourself or an identified third party.
- **Public Health and Safety:** Reporting disease outbreaks, adverse drug reactions, product defects to the FDA, or vital statistics.
- **Health Oversight Activities:** Cooperating with state professional licensing boards, government audits, or regulatory agency investigations.
- **Judicial and Administrative Proceedings:** Complying with valid court orders, enforceable judicial warrants, or formal subpoenas that satisfy federal procedural standards.
- **Workers' Compensation:** Complying with state laws governing workers' compensation programs for work-related injuries or conditions.
- **Coroners and Medical Examiners:** Assisting coroners, medical examiners, or funeral directors in identifying a deceased individual or determining cause of death.

Uses Requiring Your Express Written Authorization

For any purpose not outlined in this Notice or permitted by applicable statute, we must obtain your written authorization. Specifically, we will not:

- Sell your protected health information.
- Use or share your information for external marketing campaigns without your signed authorization.
- Disclose psychotherapy notes outside narrow legal exceptions.

You may revoke any written authorization in writing at any time. Revocations will not apply retroactively to information already released in reliance on your prior authorization.

Your Privacy Rights

When it comes to your health information, you have specific rights:

- **Right to Inspect and Receive Copies:** You have the right to review and obtain paper or electronic copies of your medical records and billing files. You can access your clinical records directly through the NovoClinical Patient Portal at no charge. For records requested outside the portal, we provide them within **30 calendar days** of receiving your written request. We may charge a reasonable, cost-based fee for paper reproduction and postage.
- **Right to Request Amendments:** If you believe information in your chart is inaccurate or incomplete, you may submit a written request for an amendment. We may deny your

request if the record was not created by us, is accurate and complete, or is excluded from access. If denied, we will provide a written explanation within 60 days, and you have the right to submit a formal statement of disagreement to be appended to your chart.

- **Right to Request Confidential Communications:** You may request that we communicate with you via specific channels or at alternate locations (e.g., using a specific mobile phone number or mailing address). We will accommodate all reasonable requests without requiring an explanation of your reasons.
- **Right to Restrict Disclosures (Self-Pay Exception):** You may ask us not to use or share certain PHI for treatment, payment, or operational purposes. While we are not required to agree to most restriction requests, **we must agree** if you request that we not disclose information about a specific service to your health insurance plan, provided you have paid for that service out-of-pocket in full, and the disclosure is not otherwise required by law.
- **Right to an Accounting of Disclosures:** You may request a list of the times we have disclosed your health information for reasons other than treatment, payment, routine operations, or disclosures made pursuant to your signed authorization.
- **Right to a Copy of This Notice:** You are entitled to receive a digital or paper copy of this Notice of Privacy Practices at any time upon request.
- **Right to Choose a Personal Representative:** If you have designated a healthcare power of attorney or have a legally appointed guardian, that individual may exercise your privacy rights on your behalf after verifying legal authority.

Our Legal Responsibilities

- **Privacy & Security:** We are required by federal and state law to maintain the privacy, confidentiality, and security of your protected health information.
- **Notice Adherence:** We are legally bound to follow the privacy terms and practices described in the governing Notice currently in effect.
- **Breach Notification:** In the event that an unauthorized acquisition, access, use, or disclosure compromises the security or privacy of your unsecured PHI, we will notify you in writing without unreasonable delay and in accordance with the HIPAA Breach Notification Rule.
- **State Law Preemption:** Where state privacy laws in the jurisdictions where we provide care offer greater confidentiality or more stringent protections than federal HIPAA regulations, Ziks Health Services adheres to the more protective state standard.

Changes to This Notice

Ziks Health Services reserves the right to revise the terms of this Notice. Any modifications will apply to all information we maintain about you, including records created prior to the update. The revised Notice will be posted promptly on our website and made available within the NovoClinical Patient Portal.

Questions, Concerns, and Privacy Complaints

If you have questions regarding this Notice, wish to exercise any of your privacy rights, or believe your privacy rights have been compromised, please contact our administrative privacy team directly:

Ziks Health Services

Attention: Privacy & Compliance Officer

- **Phone:** (972) 972-4850
- **Email:** office@zikshealthservices.com
- **Mailing Address:** 933 LBJ Freeway, Suite 900, Dallas, TX 75243

You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services.

Ziks Health Services enforces a strict non-retaliation policy. You will never be penalized, denied clinical care, or treated differently for exercising your legal rights or filing a privacy grievance.

Last Updated: September 2026