



NOTICE OF PRIVACY PRACTICES

Last Modified: September 11, 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 of Privacy Practices (the “Notice”) describes how Summit Medical Group, PLLC (“we” or “our”) may use and disclose your protected health information to carry out treatment, payment, or business operations and for other purposes that are permitted or required by law.

Protected Health Information (“PHI”) is information about you, including demographic information, that identifies you and relates to your past, present, or future physical health or condition, the provision of health care to you, and/or the payment for health care services. This Notice also describes your rights to access and control your protected health information.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of the notice currently in effect. While this Notice includes examples of certain uses and disclosures for treatment, payment, and health care operations purposes, it does not list every potential use or disclosure.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Treatment: We will use and disclose your PHI to provide, coordinate, and/or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a health care provider to whom you have been referred to ensure the necessary information is accessible to diagnose or treat you. Treatment activities may include the use of secure electronic communications, telehealth technologies, patient portals, remote patient monitoring, electronic prescribing, and other technologies used to support the delivery and coordination of care. We may use and disclose PHI to contact you as a reminder that you have an appointment with us.

Payment: Your PHI may be used and disclosed to bill or obtain payment for your health care services. For example, we may need to provide your health plan with information about treatment you received so your health plan can pay us for that service. We may also tell your health plan about a treatment you are going to receive in order to obtain approval or to determine whether your plan will cover the treatment. We will, however, comply with your request not to disclose your PHI to your insurance company if the information relates solely to a health care item or service for which you have paid out of pocket and in full to us.

Health Care Operations: We may use and disclose PHI as needed to support our health care operations. For example, we may use and disclose PHI for the following activities:

- Coordination of care and case management
- Population health activities relating to improving health or reducing health care costs
- Clinical quality assessments and improvement
- Provider credentialing
- Training and education
- Improving the quality and effectiveness of care
- Conducting internal audits and compliance reviews

- Arranging for legal services and auditing functions; and
- Providing information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Other Uses And Disclosures That Do Not Require Your Authorization: We may also use and disclose PHI in the following situations without your authorization:

- As Required By Law. We will use and disclose PHI when required to do so by applicable law.
- For Public Health Purposes. We may use and disclose PHI for public health activities, such as reporting to a public health authority authorized to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; reporting to a public health authority authorized to receive reports of child abuse or neglect; reporting reactions to medications or problems with products; reporting exposure to a communicable disease; providing work-related illness or injury reports to employers; and providing immunization records to schools.
- For Health Care Oversight Purposes. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, disciplinary actions, or other activities necessary for the oversight of the health care system or government programs.
- For Abuse, Neglect, and Domestic Violence Reporting. Subject to certain limitations, we may disclose PHI about an individual who we reasonably believe to be a victim of abuse, neglect, or domestic violence to an appropriate government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.
- Legal Proceedings. Subject to certain requirements, we may disclose PHI in response to a court or administrative order, a subpoena, a discovery request, or other lawful process. However, certain records regarding substance use disorders will only be disclosed as permitted by applicable law (including 42 CFR Part 2, where applicable).
- For Law Enforcement Purposes. We may disclose PHI to law enforcement where authorized or required by law. This includes (1) as required by a court order, a court-issued warrant, a judicial summons or subpoena, a grand jury subpoena, or an administrative request; (2) in response to a request for information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; (3) in response to a request for information about an individual who is or is suspected to be a victim of a crime; (4) information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual; (5) to inform law enforcement about a crime on our premises; and (6) if providing emergency health care in response to a medical emergency, to alert law enforcement to the commission of a crime and related information.
- To Coroners and Funeral Directors. We may release PHI to a coroner or medical examiner, including for purposes of identifying a deceased person or determining the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.
- To Organ Donation Agencies. We may use and disclose PHI to organ procurement organizations and other entities engaged in the procurement, banking, or transplantation of organs, eyes, and/or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- For Certain Research Purposes. Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, to balance the research needs with patients' right of privacy with respect to their information.
- To Avert a Serious Threat to Health or Safety. We may use and disclose PHI, when necessary, to prevent or lessen a serious threat to health and safety or the health and safety of another person or the public. This may also include disclosures of PHI to persons reasonably able to prevent or lessen the threat and/or where necessary for law enforcement authorities to identify or apprehend an individual.

- For Certain Military Activity and National Security Purposes. If you are a member of the armed forces, we may use and disclose PHI as required by military command authorities and to make medical suitability determinations. We may also release PHI about foreign military personnel to the appropriate foreign military authority. In addition, we may disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- For Workers' Compensation Reporting. If you seek treatment for a work-related illness or injury, we may release PHI about you in accordance with state-specific laws regarding workers' compensation claims.
- Certain Inmate Reporting. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official.
- Criminal Background Check System. Subject to certain limitations, we may use and disclose PHI for purposes of reporting to the National Instant Criminal Background Check System the identity of an individual who is prohibited from possessing a firearm.
- Individuals Involved in Your Care. We may disclose relevant portions of your PHI to a family member, relative, or other individual who is involved in your health care or who helps pay for your care. We may also use or disclose PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care about your location, general condition, or death.
- Disaster Relief. We may use and disclose PHI to an entity assisting in disaster relief efforts so that your family and others involved in your care can be notified about your condition, status, and location.
- To You or Your Personal Representative. We may disclose your PHI to you or to a representative appointed by you or designated by applicable law.
- Business Associates. We may disclose your protected health information to Business Associates that perform services on our behalf. Business Associates are required by federal law and by contract to appropriately safeguard your protected health information and may use or disclose your information only as permitted by law and as necessary to perform services for us.
- Health Information Exchanges. We may share PHI through our participation with regional, state, and/or national health information exchanges (HIE) as permitted by law. For example, information about your past medical care and current medical conditions and medications can be available to us or to your primary care physician or hospital, if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

Uses And Disclosures That Require Your Authorization: Other uses and disclosures of PHI not described in this Notice will be made only with your written authorization. For example, without your authorization, we are expressly prohibited from using or disclosing your protected health information for marketing purposes. We also may not sell your protected health information without your authorization. HIPAA also provides additional protection for psychotherapy notes, and most uses or disclosures of psychotherapy notes require your written permission. Psychotherapy notes are the personal notes of a mental health professional about a private or group counseling session.

If you provide us with an authorization for certain uses and disclosures of your information, you may revoke such authorization, at any time, in writing, by submitting a request to us at the address provided below, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

In addition, federal and state law require special privacy protections for protected health information about (1) mental illness or developmental disabilities; (2) alcohol or drug abuse or addiction; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable disease(s), including venereal disease(s); or (5) genetic information

or testing. For these types of information, we may be required to get your written permission before disclosing it to others; and we may seek that permission if permitted by law.

Reproductive Health Care: We are prohibited from using and disclosing PHI in connection with any of the following activities: (1) conducting a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; (2) imposing criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or (3) identifying any person for any such purpose, in each case where we determine that the activity is related to care that is lawful under applicable state law (such as abortions in certain states), is authorized, required, or protected under federal law (such as contraception), or is provided by a third party and certain presumptions under HIPAA apply. For example, we are not allowed to use or disclose PHI for a law enforcement investigation regarding an individual seeking or obtaining reproductive health care where such care was lawful under the circumstances in which it was provided.

If we receive a valid attestation from the requestor, we may, however, disclose PHI potentially related to reproductive health care for (1) health oversight activities (for example, licensure or disciplinary actions), (2) judicial and administrative proceedings (for example, in response to a court order), (3) law enforcement purposes (for example, in response to a grand jury subpoena), and (4) coroners and medical examiners (related to deceased persons). For example, if we receive a request for reproductive health information from a medical examiner who provides a valid attestation that the requested information will only be used for a permissible purpose (such as determining a cause of death), we may disclose the information to the medical examiner so long as all other legal requirements are met.

Confidentiality of Substance Use Disorder (SUD) Treatment Records: Federal law, including 42 U.S.C. § 290dd-2 and 42 CFR Part 2, provides additional privacy protections for certain records relating to the diagnosis, treatment, or referral for treatment of a Substance Use Disorder ("SUD"). Where applicable, Summit Medical Group, PLLC will use and disclose SUD treatment records only as permitted or required by HIPAA, 42 CFR Part 2, applicable state law, and other applicable legal requirements.

How We May Use or Disclose SUD Information: When permitted by applicable law, SUD treatment records may be used or disclosed for purposes including:

- Treatment;
- Payment;
- Health Care Operations;
- Public health activities;
- Health oversight activities;
- Audits and evaluations;
- Research where permitted by law;
- Judicial or administrative proceedings where authorized by law; and
- Other uses or disclosures permitted or required by applicable federal or state law

Certain uses and disclosures of SUD treatment records may require your written authorization or other legal authority before disclosure may occur.

Prohibition on Re-Disclosure of Substance Use Disorder Information: Federal law may prohibit recipients of Substance Use Disorder treatment records from re-disclosing those records except as expressly permitted by applicable law. Recipients should not assume that re-disclosure is permitted simply because information has been received from Summit Medical Group, PLLC. Additional federal confidentiality protections may continue to apply. Your Rights Regarding Substance Use Disorder Information: Subject to applicable federal and state law, you have rights regarding your SUD treatment records, including rights to:

- Request access to certain records;
- Request amendments where permitted;

- Receive an accounting of certain disclosures;
- Submit complaints regarding our privacy practices; and
- Exercise other rights provided by HIPAA, 42 CFR Part 2, and applicable law

Our Responsibilities for Substance Use Disorder Information: Summit Medical Group, PLLC is committed to protecting the confidentiality of Substance Use Disorder treatment records. We maintain administrative, technical, and physical safeguards designed to protect SUD treatment records from unauthorized access, use, or disclosure. We will comply with HIPAA, 42 CFR Part 2, applicable state privacy laws, and other legal requirements governing the confidentiality of Substance Use Disorder treatment records.

Redisclosure: Please be aware that information disclosed to a third party may no longer be protected by HIPAA and may be further used and disclosed by the recipient unless otherwise prohibited by law.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your protected health information subject to certain exceptions. You have the right to obtain an electronic copy of your health information when we maintain that information electronically. We may charge a reasonable, cost-based fee as permitted by law. We may deny your request to inspect or copy your medical information in certain limited situations. If you are denied access to your medical information, you will be notified in writing.
- **Right to Amend.** You may request an amendment of your protected health information if you feel that medical information we have about you is incorrect or incomplete. Please be specific about the information that you believe is incorrect or incomplete, and include a reason to support the request. If we deny your request for amendment, you will be notified and have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement, and we will provide you with a copy of any such rebuttal.
- **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your protected health information. Your request must state the specific restriction requested (what information to limit and whether the limitation is on use, disclosure, or both) and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except if the requested restriction is on a disclosure of protected health information to a health plan for a payment or health care operations purpose and the information is about a service that has been paid in full out-of-pocket (unless we are otherwise required by law to share the information).
- **Right to Request Confidential Communications.** You have the right to request to receive confidential communications from us by alternative means or at an alternate location. For example, a request that we only contact you at work or by mail. We will comply with all reasonable requests submitted in writing that specify how or where you wish to receive these communications.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information that we have made, in paper or electronic form, but this does not apply to all disclosures. For example, this right does not apply to disclosures that were made pursuant to an authorization, for purposes of treatment, payment, healthcare operations (unless the information is maintained in an electronic health record); or for certain other purposes for which federal law does not require us to provide an accounting. The request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The request should indicate in what form you want the list (*i.e.*, in paper or electronic format).
- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, upon request at any time, even if you have previously requested its receipt electronically by e-mail.

If you wish to exercise any of the rights described in this Notice, please contact our Privacy Officer, whose contact information is provided at the end of this Notice. All requests must be submitted in writing.

REVISIONS TO THIS NOTICE

We reserve the right to revise this Notice and to make the revised Notice effective for all protected health information that we maintain, including information we already have about you as well as any information we receive in the future. You are entitled to a copy of the Notice currently in effect. Any changes to this Notice will be posted on our website located at www.summithealthcare.com and in our facilities.

BREACH OF HEALTH INFORMATION

We are required by law to notify affected individuals, the Department of Health and Human Services, and, when applicable, the media following a breach of unsecured protected health information. Notification will be made to you no later than 60 days from the breach discovery and will include a brief description of how the breach occurred, the protected health information involved, and contact information for you to ask questions.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer using the contact information provided below, or you may submit a formal complaint to the Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

If you have any questions about this Notice, please contact our Privacy Officer at Compliancehelp@summithealthcare.com or via our compliance alert line at 1-800-659-5421.