



**Effective Date: March 1, 2026**

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

### **ABOUT THIS NOTICE**

The Practice is required by law to maintain the privacy and security of your Protected Health Information (“PHI”), provide you with this Notice of our legal duties and privacy practices regarding your medical information, and abide by the terms of the Notice currently in effect.

This Notice describes how we may use and disclose your PHI, your rights regarding your medical information, and our obligations concerning the use and disclosure of your information.

We are also required by law to notify affected individuals following a breach of unsecured Protected Health Information.

### **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

We may use and disclose your medical information for treatment, payment, and healthcare operations.

#### **Treatment**

We may share information with physicians, nurses, hospitals, specialists, laboratories, pharmacies, or other healthcare providers involved in your care to coordinate treatment and services.

#### **Payment**

We may use and disclose your information to bill and collect payment from you, your insurance company, workers’ compensation carriers, employers when authorized by law, or other third parties responsible for payment.

#### **Healthcare Operations**

We may use your information to support quality improvement activities, credentialing, staff training, licensing, accreditation, auditing, compliance reviews, business management, and other operational activities necessary to operate the Practice.

#### **Appointment Reminders and Health-Related Services**

We may contact you regarding appointment reminders, follow-up care, treatment alternatives, and health-

related benefits or services that may be of interest to you.

### **Individuals Involved in Your Care**

Unless you object, we may disclose relevant medical information to family members, close friends, or others involved in your care or payment for your care.

### **Law Enforcement and Government Requests**

We may disclose medical information for law enforcement purposes, court orders, subpoenas, health oversight activities, workers' compensation claims, and other disclosures required or permitted by federal, state, or local law.

### **Health Information Exchange (HIE)**

The Practice may participate in electronic Health Information Exchanges ("HIEs") that allow healthcare providers, hospitals, laboratories, pharmacies, and other authorized entities to securely share medical information electronically for treatment, payment, and healthcare operations purposes.

### **Business Associates**

We may disclose your PHI to third-party service providers known as Business Associates who perform services on behalf of the Practice, including billing services, legal services, transcription services, information technology providers, consultants, and electronic health record vendors. Business Associates are required by law and contract to protect the privacy and security of your PHI.

### **Artificial Intelligence and Technology Services**

The Practice may use secure technology systems, including artificial intelligence ("AI") or automated tools, to assist with documentation, billing, operational workflows, quality improvement, and healthcare services. Any vendors or technology partners acting on behalf of the Practice are required to comply with applicable privacy and security laws, including HIPAA.

### **Organized Health Care Arrangement (OHCA)**

If applicable, the Practice may participate in an Organized Health Care Arrangement ("OHCA") with other healthcare providers or organizations that participate in joint healthcare operations. Participants in the OHCA may share your medical information with one another for treatment, payment, and healthcare operations as permitted by law.

## **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

We must obtain your written authorization before:

- Using or disclosing psychotherapy notes;
- Using or disclosing PHI for marketing purposes;
- Making disclosures that constitute a sale of PHI; or
- Making other uses and disclosures not otherwise described in this Notice.

You may revoke your authorization at any time in writing, except to the extent action has already been taken in reliance upon your authorization.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding your Protected Health Information:

### **Right to Access and Copies**

You have the right to inspect and request a copy of your medical information that may be used to make decisions regarding your care. You may request a paper or electronic copy of your medical record when maintained electronically.

### **Right to Request Amendments**

You may request an amendment if you believe your information is incorrect or incomplete. Requests for amendments must be submitted in writing to the Privacy Officer.

### **Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of your medical information, including disclosures to health plans when you have paid for services out-of-pocket in full.

### **Right to Confidential Communications**

You may request that we contact you in a specific manner or at a specific location.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of certain disclosures made regarding your medical information.

### **Right to a Paper Copy of This Notice**

You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

### **Right to Choose Someone to Act for You**

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information, consistent with applicable law.

### **Right to Breach Notification**

You have the right to be notified in the event of a breach involving your unsecured Protected Health Information.

## **CHANGES TO THIS NOTICE**

We reserve the right to revise this Notice at any time. Any revised Notice will apply to all Protected Health Information maintained by the Practice and will be made available in our office and on our website.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against or denied treatment for filing a complaint.

### TO FILE A COMPLAINT WITH THE PRACTICE, CONTACT:

Damien Hires, Operations Manager & Privacy Officer  
Phone: 251-434-6770 Ext. 4038  
Email: [dhires@occupationalhc.com](mailto:dhires@occupationalhc.com)  
2050 Michigan Avenue  
Mobile, AL 36615

### U.S. Department of Health and Human Services

Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-877-696-6775

<https://www.hhs.gov/hipaa/filing-a-complaint>

I acknowledge by signing below that I have received the Notice of Privacy Practices and Notice of Individual Rights.

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**Patient or Patient's Personal Representative**

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**Date**