

**Your Information.  
Your Rights.  
Our Responsibilities.**

*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.***

**YOUR RIGHTS:**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of your billing or prescription records, and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say "no" to your request, but we'll tell you why in writing within 60 days.</li> <li>If we say "no", you can file a written statement of disagreement and we will keep it with your records.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will say "yes" to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your requests, and we may say "no" if it would affect your care.</li> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.</li> <li>We will say "yes" unless a law requires us to share that information</li> </ul>
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>If you would prefer we communicate with someone else about your health care, you can complete a release form authorizing us to do so.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information provided at the beginning of this form. You can also email: <a href="mailto:info@presmartinc.com">info@presmartinc.com</a>.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

**YOUR CHOICES:**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>Share information with your family, close friend, or others involved in your care</li> <li>Share information in a disaster relief situation</li> </ul>
<b>In these cases, we may use our professional judgment to share your information:</b>	<ul style="list-style-type: none"> <li>If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest</li> <li>For emergency treatment</li> <li>When there is a significant communication barrier</li> <li>To lessen a serious or imminent threat to health or safety</li> </ul>
<b>In these cases we <i>never</i> share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> <li>Records or treatment related to HIV/AIDS</li> <li>SMS Consent: Your phone number and SMS consent will never be shared or sold to any third party or affiliates for marketing purposes.</li> </ul>

## OUR USES AND DISCLOSURES:

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<b>Treat you</b>	<ul style="list-style-type: none"><li>We can use your health information and share it with other professionals, including your doctor, to provide, coordinate or manage your medication services.</li></ul>	<b>Example:</b> A doctor treating you for an injury asks us about your current medication list as it relates to your treatment.
<b>Run our organization</b>	<ul style="list-style-type: none"><li>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li></ul>	<b>Example:</b> We use health information about you to manage your treatment and services.
<b>Bill for your services</b>	<ul style="list-style-type: none"><li>We can use and share your health information to bill and get payment from health plans or other entities.</li></ul>	<b>Example:</b> We may disclose relevant information about you to your insurance plan so it will pay for your medication.
<b>Substance Use Disorder Records (42 CFR Part 2)</b>	<ul style="list-style-type: none"><li>Some health information we may receive or maintain relates to substance use disorder treatment and is protected under federal law known as 42 CFR Part 2 ("Part 2 records").</li><li>If we receive Part 2-protected information, we may use and disclose that information for treatment, payment, and health care operations as permitted by law and consistent with this Notice.</li><li>If Part 2 information is received by us under a specific written authorization you provide, we will use and disclose that information only as expressly permitted by that authorization, unless otherwise allowed or required by law.</li></ul>	<b>Example:</b> A prescriber sends us a prescription or related information for a medication used to treat a substance use disorder. We may use that information to fill the prescription, coordinate care with your prescriber, and obtain payment, as allowed by law.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways without written consent – usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>We can share health information about you for certain situations such as:</li><li>Preventing disease</li><li>Helping with product/medication recalls</li><li>Reporting adverse reactions to medications</li><li>Reporting suspected abuse or neglect</li><li>Preventing or reducing a serious threat to anyone's health or safety</li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>We will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li><li>For patients that receive controlled substance prescriptions, we may be required to share identifying prescription information to Prescription Drug Monitoring Programs. Such information may be accessed for limited purposes by specific individuals.</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>We can use or share health information about you:</li><li>For workers' compensation claims</li><li>For law enforcement purposes or with a law enforcement official</li><li>With health oversight agencies for activities authorized by law</li><li>For special government functions such as military, national security, and presidential protective services</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul> <p><b>Limitations for Substance Use Disorder Records</b></p> <ul style="list-style-type: none"><li>Substance use disorder information protected under 42 CFR Part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that complies with applicable federal law and provides you with notice.</li></ul>

## OUR RESPONSIBILITIES:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws, unless another law applies.

For more information see: [www.hhs.gov/ocr/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

**Effective Date: February 1, 2026**