EVERGREEN WELLNESS

Notice of Privacy Practices

2583 Gateway Dr., Suite 140 • State College, PA 16801

Effective Date: October 1, 2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

At Evergreen Wellness, we understand that information about your health and mental health care is personal. We are committed to protecting the privacy and confidentiality of your health information.

We create and maintain records of the care and services you receive from Evergreen Wellness. These records are necessary to provide quality care, coordinate services, obtain payment when applicable, and comply with professional and legal requirements.

This Notice applies to health records created or maintained by Evergreen Wellness and explains:

- How we may use and disclose your Protected Health Information (PHI);
- When your authorization may be required;
- Your rights regarding your health information; and
- Our responsibilities for protecting your information.

Evergreen Wellness is required by law to:

- Protect the privacy and security of PHI that identifies you;
- Provide you with this Notice describing our legal duties and privacy practices;
- Notify affected individuals following a breach of unsecured PHI when required by law; and
- Follow the terms of the Notice of Privacy Practices currently in effect.

We may change the terms of this Notice as permitted by law. Changes may apply to all information we maintain, including information created or received before the change. An updated Notice will be available upon request and through the practice as required.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your treatment and related services.

For example, your clinician may consult with another healthcare professional regarding your care or, when appropriate, share information with another provider involved in your treatment.

Treatment may include coordination and management of care, consultation between healthcare providers, and referrals from one healthcare provider to another.

Payment

We may use and disclose your PHI as necessary to obtain payment for services.

For example, we may provide information to your insurance company or health plan to submit claims, verify coverage, obtain authorization, determine benefits, or address payment-related matters.

Healthcare Operations

We may use and disclose your PHI for activities necessary to operate Evergreen Wellness and maintain the quality of our services.

These activities may include administrative functions, quality improvement, clinician supervision or consultation when appropriate, compliance activities, billing operations, credentialing, audits, and other activities necessary to operate the practice.

Uses and Disclosures That May Require Your Authorization

There are circumstances in which Evergreen Wellness may need your written authorization before using or disclosing your PHI.

Psychotherapy Notes

Psychotherapy notes receive additional protections under federal law.

If your clinician maintains psychotherapy notes as that term is defined under HIPAA, most uses or disclosures of those notes require your written authorization.

Authorization may not be required in certain circumstances permitted by law, including:

- Use by the clinician who created the notes for your treatment;
- Certain training or supervision activities;
- Defending a legal action or proceeding brought by you;
- Certain health oversight activities;
- Uses or disclosures required by law;
- Certain activities involving coroners or medical examiners; or
- Uses or disclosures necessary to prevent or lessen a serious and imminent threat to health or safety when permitted by law.

Marketing

Evergreen Wellness will obtain your authorization before using or disclosing your PHI for marketing purposes when authorization is required by law.

Sale of Protected Health Information

Evergreen Wellness will not sell your PHI in the ordinary course of business. Your authorization will be obtained before any disclosure that constitutes a sale of PHI when required by law.

Other Uses and Disclosures

Uses and disclosures of your PHI that are not otherwise permitted or required by law will be made only with your written authorization.

If you provide authorization, you may generally revoke that authorization in writing at any time. Revocation will not affect actions already taken in reliance on your authorization.

Uses and Disclosures That Do Not Require Your Authorization

Subject to applicable legal requirements and limitations, Evergreen Wellness may use or disclose your PHI without your written authorization in certain circumstances.

These may include:

1. When required by law. We may disclose information when state or federal law requires us to do so.

2. Public health and safety activities. We may disclose information for legally authorized public health purposes or when necessary to prevent or lessen a serious threat to health or safety.

3. Reporting abuse or neglect. We may make reports concerning suspected abuse, neglect, or exploitation when required or permitted by applicable law.

4. Health oversight activities. We may disclose information for legally authorized audits, investigations, inspections, licensing matters, or other oversight activities.

5. Judicial and administrative proceedings. We may disclose information in response to a valid court or administrative order or other lawful process when disclosure is permitted or required by law.

6. Law enforcement purposes. We may disclose PHI for certain legally authorized law enforcement purposes.

7. Coroners and medical examiners. We may disclose information to coroners or medical examiners when authorized or required by law.

8. Research. PHI may be used or disclosed for research when the requirements and protections established by applicable law have been satisfied.

9. Specialized government functions. Information may be disclosed for certain legally authorized military, national security, protective service, correctional institution, or other government functions.

10. Workers' compensation. We may disclose PHI as authorized or required by workers' compensation laws and similar programs.

11. Appointment reminders and information about services. We may use your PHI to contact you about appointments, treatment alternatives, services, or other health-related benefits that may be relevant to your care.

Disclosures to Family Members, Friends, and Others Involved in Your Care

With your permission, or when otherwise permitted by law, Evergreen Wellness may share information relevant to your care or payment for your care with a family member, friend, caregiver, or another person you identify as being involved in your care.

You may tell us that you do not want information shared with a particular person or may limit what information may be shared, subject to circumstances in which disclosure is otherwise permitted or required by law.

In an emergency or when you are unable to express your preference, information may be disclosed when permitted by law and when the clinician determines that doing so is in your best interest.

Your Rights Regarding Your Health Information

You have important rights regarding the PHI Evergreen Wellness maintains about you.

1. Right to Request Restrictions

You may ask Evergreen Wellness not to use or disclose certain PHI for treatment, payment, or healthcare operations.

We are not required to agree to every requested restriction. If we agree to a restriction, we will follow it except when disclosure is necessary or otherwise permitted by law.

2. Right to Restrict Disclosures to a Health Plan When You Pay in Full

If you pay for a healthcare service completely out of pocket, you may request that Evergreen Wellness not disclose information about that specific service to your health plan for payment or healthcare operations.

When the requirements established by law are met, Evergreen Wellness will honor this request unless disclosure is otherwise required by law.

3. Right to Request Confidential Communications

You may request that Evergreen Wellness communicate with you about your health information in a particular way or at a particular location.

For example, you may ask that we contact you at a particular telephone number or send correspondence to a different address.

We will accommodate reasonable requests.

4. Right to Inspect and Obtain Copies of Your Health Information

You generally have the right to inspect and obtain an electronic or paper copy of PHI maintained about you in a designated record set.

Certain information, including psychotherapy notes as defined by HIPAA, may not be subject to this right of access.

Evergreen Wellness will respond to requests for records within the timeframe required by applicable law. A reasonable, cost-based fee may be charged when permitted by law.

5. Right to Request an Accounting of Disclosures

You may request a list, or accounting, of certain disclosures Evergreen Wellness has made of your PHI.

This accounting generally does not include disclosures made for treatment, payment, or healthcare operations or disclosures you specifically authorized, except when otherwise required by law.

Evergreen Wellness will respond within the timeframe required by applicable law. The first accounting within the applicable period will generally be provided without charge. A reasonable cost-based fee may apply to additional requests when permitted by law.

6. Right to Request an Amendment

If you believe that PHI maintained by Evergreen Wellness is incorrect or incomplete, you may request that we amend the information.

Evergreen Wellness may deny your request under certain circumstances permitted by law. If your request is denied, you will receive information regarding the denial and any additional rights available to you.

7. Right to Receive a 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.

You may also request an electronic copy.

8. Right to Be Notified Following Certain Breaches

You have the right to receive notification following a breach of your unsecured PHI when notification is required by law.

Questions, Concerns, or Privacy Complaints

If you have questions about this Notice, your privacy rights, or Evergreen Wellness's privacy practices, please contact Evergreen Wellness.

You have the right to file a complaint if you believe your privacy rights have been violated. You may submit a complaint directly to Evergreen Wellness or to the **U.S. Department of Health and Human Services Office for Civil Rights.**

Evergreen Wellness will not retaliate against you or deny you services for filing a privacy complaint.

Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received or been provided access to Evergreen Wellness's Notice of Privacy Practices.

My signature acknowledges receipt of the Notice and does not mean that I am giving up any of my privacy rights.