

FUNCTIONAL BEING NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL AND TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS WITH REGARD TO YOUR MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY. QUESTIONS CAN BE DIRECTED TO INFO.TX@FUNCTIONALBEINGBH.COM.

For purposes of this Notice, “Functional Being” and the pronouns “we”, “us”, and “our” refer to Functional Being PLLC.

We are providing you with this notice, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a healthcare provider, HIPAA requires Functional Being to respect and protect patient “protected health information” or “PHI” and requires us to be transparent with you regarding our practices concerning our collection, use, and sharing of PHI obtained from or about you. HIPAA also requires us to make you aware of your privacy rights, including your ability to exercise your choice (i.e., “consent”, also referred to as an “authorization”) and provide your permission for us to collect, use, or share your PHI.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

We are required to abide by the terms of this Notice of Privacy Practices. This Notice applies to all medical records about your care that are created and/or maintained by Functional Being. Your health information is contained in a medical record that is the physical property of Functional Being.

If you are a patient insured by the United States Department of Veteran Affairs, you may be entitled to additional rights and restrictions regarding the use and disclosure of your protected health information other than as set forth in this Notice. At all times, we will comply with the applicable requirements of the Department of Veteran Affairs regarding the use and disclosure of your protected health information.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your healthcare provider, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to obtain payments and support the operation of your healthcare provider’s practice. Below we describe examples of how we may use or disclose your health information as

permitted under or required by federal law, including instances where we will obtain your authorization. Such uses or disclosures may be in oral, paper, or electronic format.

A. Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization

We may use or disclose your health information, in certain situations, without your consent or authorization. Following are examples of the types of uses and disclosures of your protected health information that your healthcare provider's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other healthcare providers who may be treating you. For example, your protected health information may be provided to a healthcare provider to whom you have been referred to ensure that the healthcare provider has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time to time to another healthcare provider (e.g., a specialist or laboratory) who, at the request of your healthcare provider, becomes involved in your care.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your healthcare services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your healthcare provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical or nursing students, licensing, fundraising activities, and conducting or arranging for other business activities.

We will share your protected health information with third party "business associates" that perform various activities (for example, billing or scheduling services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact us to request that these materials not be sent to you.

B. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your consent or authorization or without providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the

extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your healthcare provider created or received your protected health information in the course of providing care to you.

B. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

While we may use or disclose your protected health information without your written authorization as explained above, there are other instances where we will obtain your written consent or authorization. You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information due to incapacity or emergency circumstances, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest.

Examples of uses and disclosures that require your authorization include:

Others Involved in Your Healthcare or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Psychotherapy Notes: If Psychotherapy Notes are created for your treatment, then we must obtain your prior written authorization before using or disclosing them, except (1) if the creator of those notes needs to use or disclose them for treatment, (2) for use or disclosure in our own supervising training programs in mental health, or (3) for use or disclosure in connection with our defense of a proceeding brought by you. "Psychotherapy Notes" means notes recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Note that if, in the sole discretion of your healthcare provider, providing you with copies of your Psychotherapy Notes could be harmful or detrimental, we have to the right to deny your request for such records.

Substance Use Disorder Medical Records: Functional Being offers substance use disorder (SUD) treatment. These SUD treatment records cannot be used to investigate or prosecute the

patient without written patient consent or court order. Records obtained in an audit or evaluation of Functional Being's program cannot be used to investigate or prosecute patients, absent written consent of the patients or a court order that meets the additional privacy requirements. A separate and specific patient consent for the use and disclosure of SUD counseling notes is required and available by contacting Functional Being as outlined in the Contact Us section (section 4) of this Notice.

Functional Being may use a single SUD records authorization for all future uses and disclosures for treatment, payment, and healthcare operations. HIPAA covered entities and business associates that receive records under this SUD records authorization may re-disclose the records in accordance with the HIPAA regulations. SUD records are permitted to be disclosed without patient consent to public health authorities, provided that the records disclosed are de-identified according to the standards established in the HIPAA Privacy Rule. Any disclosure or breach of unauthorized SUD records will be reported in accordance with this Notice and applicable law.

Uses and Disclosure of Your Highly Confidential Information: Some federal and/or state laws require special privacy protections for certain highly confidential health information, relating to: (1) psychotherapy services; (2) mental health and developmental disabilities services; (3) substance use disorder diagnosis, treatment, and referral; (4) HIV/AIDS testing, diagnosis, or treatment; (5) venereal disease(s); (6) genetic testing; (7) child abuse and neglect; (8) domestic abuse of an adult with a disability; and/or (9) sexual assault. Unless a use or disclosure is permitted or required by law, we will obtain your written consent or authorization prior to using or disclosing your highly confidential health information to third parties.

No Sale of Your Health Information: We will never sell your identifiable health information to any third parties.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your healthcare provider and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact us at info.tx@functionalbeingbh.com if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your healthcare provider is not required to agree to a restriction that you may request. If your healthcare provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your healthcare provider.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to us at info.tx@functionalbeingbh.com.

You have the right to request your healthcare provider amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact us at info.tx@functionalbeingbh.com if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the HIPAA Privacy Rule) or correctional facilities, as part of a limited data set disclosure. The right to receive specific information regarding these disclosures is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Updates to this Notice

We may change the terms of this Notice, at any time. The new Notice will be effective for all protected health information that we maintain at that time. A revised Notice will be available on our website or upon your request. You may request a revised version by emailing or calling us.

4. Contact Us

To ask questions or comment about this privacy policy and our privacy practices, or if you would like us to update information we have about you or your preferences, please reach out to us using the contact methods below:

- Call us at **1-512-240-2482**.
- Email us at info.tx@functionalbeingbh.com.

5. Complaints

You may complain to Functional Being and to the United States Department of Health and Human Services (HHS) if you believe your privacy rights have been violated by us. You may file a complaint with us by emailing us your complaint at info.tx@functionalbeingbh.com. We will not retaliate against you for filing a complaint. Individuals wishing to make a complaint to the Department of HHS may contact the Officer for Civil Rights at ocrprivacy@hhs.gov, by visiting <https://ocrportal.hhs.gov/ocr>, or calling toll-free: 1-800-368-1019, TDD toll-free: 1-800-537-7697.

6. Additional Information on Mental Health Record Privacy Rules

<https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf>

7. Additional Information on Sensitive Health Information Privacy Rules

Texas has more restrictive or protective privacy laws beyond the federal HIPAA Law. We will comply with the state's stricter privacy laws with regard to protecting your protected health information. Unless we obtain your specific authorization, we may disclose the following types of protected health information only in limited circumstances and to specific recipients: (1) HIV/AIDS diagnosis or treatment, (2) Alcohol/Drug Abuse, (3) Communicable Disease (including STDs) diagnosis or treatment, (4) Genetic, (5) Mental Health.