BreatheBetter Institute

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 16, 2025
Revised Date: November 9, 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.

Breathe Better Institute of Huntsville, LLC ("we" or "Practice") are committed to protecting the privacy of your health information. This Notice describes how we may use and disclose your protected health information ("PHI") and your rights under HIPAA. If you have any questions about this notice or need further information, please contact our Privacy Officer, **Jeremiah House**, at (256) 333-NOSE or **contact@icanbreathebetter.com**. Written requests should be addressed to:

Attn: Privacy Officer
3810 Governors Drive SW
Suite 200
Huntsville, AL 35805

How We May Use and Disclose Your Health Information without Your Authorization
We may access, use and disclose your PHI only as permitted by law. The following are different ways that we may use and disclose your PHI without your written authorization:

1. **To provide you with health care treatment or services**. For example, we may disclose your lab results to your primary care physician;
2. **To bill and collect payment from you, an insurance company, or a third party**. For example, we may need to disclose your health plan information about your use of our services so that your health plan will pay us or reimburse you for the treatment;
3. **To support business and other healthcare operations of our Practice**. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff and business associates;
4. **To permit business associates to perform contracted services**. Examples of when we may use a business associate include lab information systems and companies, management services organization, cloud-hosting vendors, coding and claims submission performed by a third party billing company, consulting and quality

assurance activities provided by an outside consultant, billing and coding audits performed by an outside auditor, and other legal, administrative and consulting which may arise from time to time;

5. **For the purpose of research**, but only upon your express authorization or if the research protocol has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI;
6. **When required by federal, state, or local law to disclose**. For example, by court order or federal, state or local departments of health may require disclosure of PHI for purposes of reporting abuse, neglect, domestic violence or human trafficking;
7. When necessary **to prevent a serious threat to the health and safety of you, the public, or another person**;
8. If you are a member of the armed forces or separated/discharged from military services, **as required by military command authorities or the Department of Veteran Affairs**;
9. As authorized by, and in compliance with, **laws related to workers' compensation and similar programs established by law**;
10. **For public health activities**, including, but not limited to, preventing or controlling disease, injury or disability, reporting births and deaths, and reporting reactions to medications or problems with products;
11. **To health oversight agencies for activities authorized by law**, including, for example, audits, investigations, inspections, and licensure;
12. If you are involved in a lawsuit or dispute, **in response to a court or administrative order**. We may also be required to disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
13. **To law enforcement officials for law enforcement purposes**, including, but not limited to, reporting certain injuries, as required by law, and identifying or locating a suspect, fugitive, material witness, or missing person;
14. **To organizations involved in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue**, for the purpose of facilitating organ and tissue donation where applicable;
15. To appropriate governmental authority **if we reasonably believe you may be a victim of abuse, neglect, or domestic violence**, but only if you agree or when required by law;
16. **To a coroner or health examiner**. This may be necessary, for example, to identify a deceased person or determine the cause of death;
17. **To authorized federal officials for intelligence, counterintelligence, and other national security activities** authorized by law, and
18. **If you are an inmate of a correctional institution or under the custody of a law enforcement official**, to the correction institution or law enforcement official. This release would be necessary (a) for the institution to provide you with health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

19. **Appointment Reminders.** We may use PHI that you provided us to remind you of your upcoming appointments for lab testing and other communications related to your lab testing.
20. **Notification.** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, close personal friend, or other person responsible for your care of your location and general condition. However, we will not disclose PHI to such individuals if you notify our Privacy Officer of your objection to such disclosures.
21. **Communication with Family Members.** Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI while that person is present. There may be times when it is necessary to disclose your PHI to a family member or others involved in your care because there is an emergency or you lack the decision-making capacity to agree or object. In those instances, we will use our professional judgement to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care. For example, we may disclose your potential exposure to an infectious disease that warrants immediate attention.
22. **Unlawful Conduct.** Federal law allows for the release of your PHI to appropriate health oversight agencies, public health authorities or attorneys, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Uses and Disclosures Requiring Authorization

We will obtain your written authorization for uses and disclosures of your PHI not covered by this Notice. If you provide us with written authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. The following are some specific situations when we will obtain your authorization:

1. **Marketing Communications.** We must obtain an authorization for any use or disclosure of your PHI for any marketing communications to you about a product or service that encourages you to use or purchase the product or service unless the communication is either (a) a face-to-face communication or; (b) a promotional gift of nominal value. However, we do not need to obtain an authorization from you to provide appointment reminders, prescription expiration reminders, follow-up care, information regarding your course of treatment, case management or care coordination, to describe a health-related products or services that we provide, or to contact you in regard to treatment alternatives. We must notify you if the marketing involves financial remuneration.
2. **Use of Photographs, Videos or Testimonials.** We must obtain authorization from you to use photographs, videos or testimonials that contain PHI except for the purposes identified above. For example, if you agree, we may post your photo on our webpage, Facebook or other social media site; and
3. **Sale of PHI.** We must obtain an authorization for any disclosure of your PHI which constitutes a sale of such PHI.

Your Rights Regarding Health Information
You have the following rights with respect to your PHI:

1. The **right to inspect and/or receive a copy of all or any part of your medical or health record**. To inspect and copy your PHI, you must submit your request in writing to our Privacy Officer at the address listed at the beginning of this notice. A form for requesting a copy of your PHI will be provided by the Practice. We shall comply with your request to inspect your records within 30 days after receipt of the written request. We may charge a reasonable cost-based fee for paper copies and delivery. We may deny your request under certain limited circumstances.
2. The **right to request that we amend your PHI or a medical or health record about you** if you feel that health information we have about you is incorrect or incomplete. To request an amendment, your request must be made in writing, submitted to our Privacy Officer at the address listed on the first page of this notice, and must provide a reason that supports your request for an amendment. We may deny your request under certain limited circumstances.
3. The **right to request a list accounting for any disclosures of your PHI we have made**, except for disclosures made for the purpose of treatment, payment, health care operations, and certain other purposes. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer at the address listed on the first page of this notice. Your request must state a time period which may not be longer than 6 years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
4. The **right to request a restriction or limitation on the use and disclosure of your PHI**. To request a restriction on the use and disclosure of your PHI, you must make your request in writing to our Privacy Officer at the address listed on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limitations to apply. We will notify you of our decision regarding the requested restriction. If we do agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.
5. The **right to request we communicate with you about your PHI in a certain way or have such communications addressed to a certain location**. To request confidential communications, you must make your request in writing to our Privacy Officer at the address listed on the first page of this notice. Your request must specify how or where you wish to be contacted.
6. The **right to a paper copy of this notice at any time upon request**. At the time of first service rendered, we are required to provide you with a paper copy of this notice. To obtain a copy of this notice at any other time, please request it from our Privacy Officer at the address listed on the first page of this notice.
7. The **right to revoke any authorization for the use and disclosure of your PHI**, except to the extent that action has already been taken in reliance on such authorization.

Our Responsibilities
We are required to maintain the privacy of your PHI, provide you with this Notice, notify you of any breach of your PHI, and follow the terms of this Notice. In the event of a breach of your PHI, notice will be sent to your mailing address, posted on our website, and/or posted in a publication, as required by law.

Changes to This Notice
We reserve the right to change this Notice and make the new provisions effective for all PHI we maintain. The current version will be posted in our office and on our website.

Questions or Complaints
If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer at (256) 333-NOSE or **contact@icanbreathebetter.com**. You may also file a complaint by contacting the U.S. Department of Health & Human Services at www.hhs.gov/ocr/privacy. There will be no retaliation against you for filing a complaint.