

NOTICE OF PRIVACY PRACTICES

Health Plus Wellness Center

Effective Date: February 16, 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.

OUR LEGAL DUTY

We are required by law to:

- Maintain the privacy of your protected health information (“PHI”).
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.
- Notify you following a breach of unsecured PHI when required by law.

We may change the terms of this Notice at any time. The revised Notice will apply to all health information we maintain and will be available in our office and upon request.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information without your written authorization for the following purposes:

1. Treatment

To provide, coordinate, or manage your healthcare and related services.

2. Payment

To bill and collect payment for services provided to you.

3. Healthcare Operations

For practice operations such as quality assessment, licensing, compliance, staff training, and business management.

4. Other Permitted or Required Uses

We may also disclose your information:

- When required by federal or state law
- For public health activities
- For health oversight activities
- In response to court or administrative orders
- For law enforcement purposes in limited circumstances
- To avert a serious threat to health or safety

SPECIAL NOTICE REGARDING SUBSTANCE USE DISORDER (SUD) RECORDS

Some records relating to substance use disorder diagnosis, treatment, or referral may be protected under federal law (42 CFR Part 2) in addition to HIPAA.

Confidentiality Protections

If we create, receive, or maintain records that are subject to 42 CFR Part 2 (“Part 2 Records”):

- These records are subject to special federal confidentiality protections.
- They may not be used or disclosed without your written authorization unless specifically permitted by law.
- They may not be used in civil, criminal, administrative, or legislative proceedings against you without your written authorization or a court order issued after notice and an opportunity to be heard.

General Consent

If you sign a valid general consent allowing use and disclosure of your SUD information for treatment, payment, and healthcare operations, we may use or disclose that information in accordance with applicable federal regulations.

You may revoke your consent in writing at any time, except to the extent we have already acted in reliance on it.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization for:

- Most uses and disclosures of psychotherapy notes
- Most marketing communications
- Sale of PHI
- Any other use or disclosure not described in this Notice

You may revoke your authorization in writing at any time.

YOUR RIGHTS

You have the right to:

- Inspect and obtain a copy of your health information
- Request an amendment to your health information
- Request restrictions on certain uses and disclosures
- Request confidential communication
- Receive an accounting of disclosures
- Obtain a paper copy of this Notice

To exercise any of these rights, contact our Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Health Plus Wellness Center Privacy Officer
950 Cobb Pkwy S., Ste. 190
Marietta, GA 30060
770-427-7387 Ext. 103
dr.admin@drjoe.com

Or with the U.S. Department of Health and Human Services, Office for Civil Rights.

We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

Privacy Officer: Damon Rider

Phone: 770-427-7387 Ext. 103

Address: 950 Cobb Pkwy S., Ste. 190, Marietta, GA 30060

Email: dr.admin@drjoe.com