NOTICE OF PRIVACY PRACTICES

Optimal Autonomy At Home LLC | Effective August 25, 2026

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YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical and behavioral health information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

This Notice applies to Optimal Autonomy At Home LLC, its clinicians, workforce members, trainees, contractors, and other authorized persons who create, receive, maintain, or transmit protected health information on the practice's behalf.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use or disclose your protected health information without a separate written authorization when HIPAA or another applicable law permits or requires it. We will apply additional protections when federal or state law is more protective.

- Treatment: to provide, coordinate, or manage your care and communicate with other treating providers.
- Payment: to verify benefits, obtain authorization, submit claims, collect amounts due, and conduct related billing activities.
- Health care operations: for quality improvement, supervision, training, credentialing, audits, compliance, legal services, business planning, and administration.
- Appointment reminders and communications about treatment alternatives, health-related benefits, or services that may interest you.
- Persons involved in your care or payment, when permitted and consistent with your preferences, professional judgment, and applicable law.
- Business associates that perform services for us and are contractually required to safeguard protected information.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

- To prevent or reduce a serious and imminent threat to health or safety, or to support emergency response.
- For public-health activities, health oversight, reporting suspected abuse or neglect, and legally required disease or injury reporting.
- For judicial or administrative proceedings, law-enforcement purposes, workers' compensation, or other disclosures required by law, subject to applicable safeguards.
- To coroners, medical examiners, funeral directors, organ-procurement organizations, or other authorized officials when legally permitted.
- For research when approved or otherwise permitted under applicable privacy requirements.
- To avert threats, support national-security or protective activities, or assist correctional institutions and custodial law-enforcement officials when permitted by law.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain a valid written authorization for uses or disclosures not otherwise permitted by law. Most uses or disclosures of psychotherapy notes, marketing communications for which we receive payment, and the sale of protected health information require authorization. You may revoke an authorization in writing, except to the extent we already relied on it.

ADDITIONAL PROTECTIONS FOR SENSITIVE INFORMATION

Behavioral health, substance-use-disorder, HIV/STI, genetic, reproductive, minor-consent, and other sensitive records may receive protections beyond HIPAA. We will follow applicable federal and state law. Psychotherapy notes are maintained separately from the clinical record when applicable and generally require a separate authorization. If 42 CFR Part 2 applies to substance-use-disorder records, Part 2 protections and consent requirements will be followed.

YOUR PRIVACY RIGHTS

- Inspect or obtain an electronic or paper copy of your health and billing records, with limited legal exceptions. Reasonable cost-based fees may apply.
- Ask us to correct or amend information you believe is incorrect or incomplete. We may deny the request in certain circumstances and will explain why in writing.
- Request an accounting of certain disclosures made during the period allowed by law.
- Request restrictions on certain uses or disclosures. We are not required to agree to every request, but we must honor certain requests involving services paid in full out of pocket when disclosure to a health plan is not otherwise required by law.
- Request confidential communications by a reasonable alternative method or at an alternative location.
- Obtain a paper or electronic copy of this notice at any time, even if you previously agreed to receive it electronically.
- Choose a personal representative who has legal authority to act for you. We will verify the person's authority before taking action.
- Be notified following a breach of unsecured protected health information when notification is required by law.
- File a complaint without retaliation.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of protected health information and to provide this notice of our legal duties and privacy practices.
- We will follow the notice currently in effect and limit uses, disclosures, and access as required by law.
- We will tell you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We may change this notice and make the revised notice effective for information we already have and information received in the future. The current notice will be available from the practice and on its website.

ELECTRONIC COMMUNICATIONS, TELEHEALTH, AND HEALTH INFORMATION EXCHANGE

We use reasonable administrative, physical, and technical safeguards for electronic records, telehealth, portals, and approved communications. Standard email or text may carry privacy risks and should generally be limited to scheduling unless a secure method or separate agreement is used. When legally permitted and operationally applicable, information may be shared through electronic health information exchange for treatment, payment, or health care operations. You may ask about available restrictions or opt-out processes.

QUESTIONS, REQUESTS, OR COMPLAINTS

Contact the Privacy Officer for Optimal Autonomy At Home LLC at 37 Belmont Street, Suite L1-L3, Brockton, MA 02301; phone 774-480-2526; fax 508-644-0537; email info@optimalautonomyathome.com; website www.optimalautonomyathome.com. Submit requests for access, amendment, restrictions, confidential communications, or an accounting to the Privacy Officer.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through its complaint portal or regional office. We will not retaliate against you for making a complaint or exercising a privacy right.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I was offered or provided this Notice of Privacy Practices. Signing confirms receipt only. It does not mean that I agree to any special use or disclosure and does not waive any privacy right.

Client full legal name *

Date of birth *

Client / authorized representative signature

Date

Printed representative name (if applicable)

Relationship / authority

LANGUAGE ASSISTANCE / STAFF DOCUMENTATION

Staff offered to translate the notice and/or provide an interpreter or reasonable communication assistance.

☐ Applicable ☐ Not applicable ☐ Assistance declined

Preferred language / accommodation

Client / representative initials

If acknowledgment was not obtained, staff must document the good-faith effort and reason below. Refusal or inability to sign does not prevent uses or disclosures otherwise permitted by law.

Good-faith effort and reason acknowledgment was not obtained

Staff name and date