NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions, concerns, or complaints, please let me know.

Protected Health Information: Is information that identifies you and relates to your past, present, and future physical and mental health or condition; the provision of health care to you and your family while conducting business with Cosán Leighis, LLC ; or the provision of payment for health care furnished by you.

Introduction: Health information about you is personal and you want it kept private. Protecting your privacy and the confidentiality of your health information is very important and required by law; as is this notice of my legal duties and privacy practices. I am required by law to make sure that health information about you is kept private, that I make this notice available to you, and follow the terms and conditions of this privacy notice that is currently in effect. This notice is effective as of January 3, 2023. A record of the care and services you receive at Cosán Leighis, LLC is created to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways your health information is used and disclosed. It also covers your rights and certain obligations Cosán Leighis, LLC

has regarding the use of medical information.

How Your Health Information May Be Used and Disclosed:

 The following categories describe different ways that your health information may be used and disclosed. Each category will be explained and an example will be given. Not every use or disclosure in a category will be listed, however, all the ways that are permitted to use and disclose information will fall within one of the categories.

• For Treatment: Information in your record may be used to provide treatment and services for you. Your information may be used for coordination of services, enrollment and eligibility status, benefit management, utilization management, billing and claims issues, and coverage decisions.

• For Payment: Your health information may be used and disclosed so that the treatment and services you receive may be billed to, and payment collected from, you, an insurance company, or a third party. For example, a diagnosis needs to be submitted with a health insurance claim in order to demonstrate to the insurer that services should be covered for you.

Other Uses and Disclosures of Health Information: Cosán Leighis, LLC may also use and disclose health information about you for the following purposes:

• Appointment Reminders: Your identifying information may be used to contact you to remind you that you have an appointment.

 • Treatment Alternatives: Your health information may be used and disclosed to tell you about possible treatment options or other areas of interests for you to consider.

• Health Related Benefits and Services: Your health information may be used to tell you about health related benefits, services, groups or classes that may be of interest to you.

• Individuals Involved in Your Care or Payment for Your Care: Your health information may be released to a caregiver who may be a friend or family member, or to someone who helps pay for your care.

• Research: Your health information may be used for research purposes. Information is sometimes used to compile statistical data. Personal identifying information would not be disclosed.

• As Required by Law: Health information will be disclosed when required to do so by Federal, state, or local law.

Special Situations for Disclosure of Health Information There are certain circumstances when health information may be disclosed without your permission. In some of these situations professional judgment will be used before disclosing information. Generally, a determination will be made to determine if the disclosure is in your best interest. Although services for mental health and chemical dependency may be somewhat more protected than other health information, there are still circumstances when health information must be disclosed.

• If we learn that a child or vulnerable adult is or has been a victim of abuse, neglect, or domestic violence, we may provide information to authorities, social services, or protective agencies.

• We may disclose information to avert serious threats to self (suicidal intent) or another person (homicidal intent).

• We may disclose medical information to health oversight agencies for activities allowed by law, such as audits, investigations, inspections, insurance fraud, and licensure.

• Lawsuits and Disputes: We may disclose medical information about you in response to a court order, grand jury, or administrative tribunal or other lawful process by someone else involved in the dispute.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. We will also accept the permission of a person with authority to represent you (such as a guardian). If you give us the right to use and/or disclose medical information about you, you may revoke that permission, in writing, at any time. You understand that we cannot take back any information that we have already released with your permission, and that we are required to retain our records of care that we provide to you.

Your Rights Regarding Your Medical Information

The medical and billing records we maintain about you and your family are the physical property of Cosán Leighis, LLC.

• All requests regarding your rights to your medical records must be made in writing.

• You have the right to inspect and copy medical information that may be used to make decision about your care. Usually this includes medical and billing records but does not include psychotherapy notes. To inspect and/or copy medical records please speak to your therapist. We may charge a fee for the cost of copying, mailing or other expenses associated with your request.

• If you feel that medical information Cosán Leighis, LLC has about you is incorrect or incomplete, you may ask to amend the information. You have a right to request an amendment for as long as the information is kept by us. We may deny your request for change if it is not in writing and does not include a reason to support the request. In addition, we may deny your request if: the information was not created by us, is no longer a part of the medical information kept by us, is not part of the information you would be allowed to inspect or copy under law, or if the information we have is accurate and complete.

• You have the right to ask for an accounting of disclosures we have made. This is a list of the disclosures we have made of your medical information to others, except for the purposes of treatment, payment, and operations identified earlier.

• You have the right to ask that we limit the information we use or disclose about you for treatment, payment, or health care operations. You also have the right to ask for a limit on the medical information we provide about you to someone who is involved in your care or the payment for your care, like a family member or friend. Your request must tell us what information you want restricted; whether you want to limit our use, disclosure, or both; to whom you want the limits to apply, for example disclosure to your spouse. We are not required to agree to your request. If we do agree to your request, we will complete your request unless the information is needed to provide emergency treatment.

 • You have the right to ask that we communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by mail. We will not ask you the reason for the request and we will agree with all reasonable requests. Your request must say how and where you wish to be contacted.

 • You have the right to a paper copy of our privacy notice. You may ask for a copy of the privacy notice at any time by requesting a copy.

If you feel your privacy rights have been violated, you may file a complaint with Cosán Leighis, LLC

and/or the Wisconsin Department of Public Safety and Professional Services, Division of Legal Services and Compliance, P.O. Box 7190, Madison, WI 53707-7190 (if in Wisconsin) or Minnesota Board of Behavioral Health and Therapy, 335 Randolph Avenue, Suite 290, St. Paul, MN 55102.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Any changes will be posted in writing. We will post a copy of the current notice in our facility. The notice will contain the effective date. Copies of the notice are available and you may request one at any time.