

Notice of Privacy Practices

Your privacy matters. This notice explains how medical information about you may be used and disclosed, and how you can access this information.

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.

NOVEXA BEHAVIORAL HEALTH (the “Practice”) is committed to protecting your privacy. The Practice is required by federal law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

Your Rights

Your rights regarding PHI are explained below. Contact our Privacy Contact for help making a request. Some requests must be submitted in writing; reasonable requests for confidential communications can be discussed with us.

To inspect and copy PHI.

- You may inspect or request a paper or electronic copy of the health and billing information in your designated record set. We generally respond within 30 days, or sooner when applicable law requires. If a permitted extension is necessary, we will explain the reason and response date in writing. Any copying fee will be reasonable and cost-based, as allowed by law.
- Access may be denied only on grounds allowed by law, such as certain separately maintained psychotherapy notes or a licensed health care professional's determination that access is reasonably likely to endanger someone's life or physical safety. We will explain a denial in writing, including available review rights and how to complain.

To amend PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- If we deny an amendment request, we will provide a written explanation, generally within 60 days, and explain your right to submit a statement of disagreement. If a lawful extension is needed, we will notify you in writing.

To request confidential communications.

- You can ask the Practice to contact you in a specific way. The Practice will say “yes” to all reasonable requests.

To limit what is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. We may decline restrictions unless applicable law requires us to honor them. Additional protections for Maryland and Washington, DC mental health records are described below.
- If you pay for a service or health care item in full out of pocket, you may ask us not to disclose information about that service to your health plan for payment or health care operations. We must honor this request unless disclosure is required by law.
- You can ask for the Practice not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared.

- You may request an accounting of disclosures during the six years before your request, subject to legal exceptions. Routine treatment, payment, and health care operations disclosures and certain other disclosures are excluded. One accounting in a 12-month period is free; we may charge a reasonable fee for additional requests and will tell you the cost before you decide to proceed.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights within the scope of their legal authority. We verify that authority before acting.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/.
- The Practice will not retaliate against you for filing a complaint.

To opt out of receiving fundraising communications.

- The Practice may contact you for fundraising efforts, but you can ask not to be contacted again.

Contact the Practice / Privacy Contact

To file a complaint or exercise your rights, contact the Practice using the information below:

NOVEXA BEHAVIORAL HEALTH

5000 Sunnyside Ave, Suite 301, Beltsville, MD 20705 1629 K St NW, Suite 300, Washington, DC 20006

Aziichap Tung, MSN, APRN, PMHNP-BC

Phone: 240-691-9950

Website: www.novexahealth.com

Our Uses and Disclosures

Additional protections in Maryland and Washington, DC

Maryland law places additional limits on mental health records. When we disclose such records without authorization, we release only information relevant to the lawful purpose. Separately maintained personal notes and certain psychological-testing information have additional protections.

For Washington, DC care, our privacy practices permit necessary provider-to-provider sharing for diagnosis, evaluation, treatment, case management, quality improvement, or rehabilitation under D.C. Code § 7-1203.01. You may ask us not to share your mental health information under that provision, and we will honor the request. Other legally permitted or required disclosures may still apply. That provision does not authorize sharing separately maintained counseling notes defined as “progress notes” under DC law; these are distinct from ordinary clinical summaries.

We follow the applicable law that provides greater privacy protection. Contact our Privacy Contact to discuss consent requirements or restrictions before information is shared.

1. Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. These federal permissions remain subject to applicable Maryland and District of Columbia confidentiality laws, Part 2 protections, and valid restrictions. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The following disclosures may be permitted or required only when all applicable legal conditions are satisfied. HIPAA permission alone does not override stronger Maryland, District of Columbia, or Part 2 restrictions. Depending on the circumstances, your written permission or other legal safeguards may still be required.

To help with public health and safety issues

- Public health: To prevent the spread of disease, assist in product recalls, and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: We review court orders, subpoenas, and discovery requests before releasing information. A request alone does not automatically permit disclosure. We release records only when the applicable authorization, notice, protective-order, privilege, and other federal or state-law requirements are satisfied.
- Law enforcement: Only for purposes and under circumstances specifically permitted or required by applicable law. We assess legal authority and disclose only the information the law permits or requires.
- Specialized Government Functions: For military or national security concerns, including intelligence, protective services for heads of state, or your security clearance.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research when the required authorization or a legally permitted waiver or other exception applies, and all applicable privacy safeguards are met.
- Inmates: To a correctional institution or an official with lawful custody only when applicable law permits disclosure for necessary care, safety, or authorized correctional functions.
- Business Associates: To service providers that need information to perform authorized functions for NBH, under required confidentiality agreements and applicable legal limits.

3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

Where applicable law allows sharing based on your agreement or an opportunity to object, we may disclose relevant information as described below. We obtain written permission when stronger confidentiality protections require it.

- To your family, friends, or others if PHI directly relates to that person's involvement in your care.
- If you cannot communicate a preference, we may share directly relevant information based on professional judgment and your best interests, only where applicable law allows it.

4. Uses and Disclosures of PHI Based Upon Your Written Authorization

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

- Marketing
- Sale of PHI
- Most uses and disclosures of separately maintained psychotherapy notes, subject to the narrow exceptions allowed by law. These are distinct from ordinary medication-management and clinical progress notes.

5. Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2

If NBH holds substance use disorder records protected by 42 CFR Part 2, the additional protections below apply. Not every reference to substance use in a medical record is a Part 2 record.

A valid written consent may authorize future treatment, payment, and health care operations uses and disclosures. HIPAA-covered recipients and their business associates may redisclose records received under that consent as HIPAA permits, subject to Part 2 restrictions and any stronger applicable law. Separately maintained SUD counseling notes generally require a separate consent. Disclosures based on consent include the required notice and a copy of the consent or an explanation of its scope.

Part 2 records, and testimony about their contents, cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order accompanied by a subpoena or other legal mandate. Consent for such proceedings must be separate from consent for other purposes. Applicable notice and opportunity-to-be-heard requirements must be met.

Limited exceptions to consent may apply, including qualifying medical emergencies and certain reporting, audit, or research situations, but only when Part 2's conditions are satisfied. If fundraising communications would use Part 2 records, you will first receive clear notice and an opportunity to opt out.

You may revoke consent in writing, subject to actions already taken in reliance on it. Ask our Privacy Contact about the protections that apply to your records.

You may revoke an authorization by notifying the Practice in writing. Revocation applies going forward and does not undo disclosures or other actions already taken in reliance on a valid authorization. The Practice will not use or share PHI other than as described in this Notice unless you give your permission in writing.

Our Responsibilities

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend this Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website www.novexahealth.com.
- We will notify you without unreasonable delay when a breach of unsecured PHI requires notification under applicable law.

This revised Notice is effective on October 9, 2026.