NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices (the "Notice") describes the privacy practices of Allergy Partners of Colorado, LLC.

Protected health information (PHI) is information, including demographic data, that can be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the past, present or future payment for the provision of your health care.

We understand the importance of privacy and are committed to maintaining the confidentiality of your PHI. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, inform you of your rights and the ways we may use PHI and disclose it to others; and to notify affected individuals following a breach of unsecured PHI. This Notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Department of Compliance & Privacy using the information at the end of this Notice.

A. How We May Use or Disclose Your PHI

We may use or disclose your PHI for the following purposes:

1. **Treatment.** We may use your PHI and share it with other professionals who are treating you. For example, we may share your PHI with other physicians or other health care providers who will provide services that we do not provide. Or we may share PHI with a pharmacist who needs it to dispense a prescription to you, or with a laboratory that performs a test. We may also disclose PHI to members of your family or others who can help you when you are sick.
2. **Payment.** We may use and disclose your PHI to obtain payment for the services we provide. For example, we may give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations**. We may use and disclose your PHI to operate our medical practice, improve your care, and contact you when necessary. For example, we may use and disclose PHI to review and improve the quality of care we provide, the functioning of our online tools and services, and/or the competence and qualifications of our professional staff. We may also use and disclose PHI as necessary for medical reviews, legal services and audits, including fraud and abuse detection, compliance programs, business planning and management. We may also share your PHI with our "business associates" that perform services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your PHI. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with certain operational activities permitted under the law.
4. **Electronic Health Information Exchanges.** We participate in Health Information Exchanges (HIEs) in certain states to facilitate the electronic sharing of patient information between and among your healthcare providers. You do not have to participate in a HIE to receive care from us and can opt out, but opting out of an HIE does not stop us from using or sharing your information as otherwise described in this Notice. Visit our website to learn more about the HIEs we participate in and related opt-out/opt-in information. Our ability to use and share your information as described in this Notice is not affected by whether or not you participate in a HIE.
5. **Notification and Communication with Family.** We may disclose your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose PHI to a relief organization so that they may coordinate these notification efforts. We may also disclose PHI to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will make an effort to give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. **Marketing.** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your PHI for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
7. **Sale of Health Information.** We will not sell your PHI without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.
8. **Fundraising.** We may contact you for fundraising efforts, but you can tell us not to contact you again.
9. **Required by Law.** As required by law, we will use and disclose your PHI, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
10. **Public Health.** We may, and are sometimes required by law, to disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability, including but not limited to the conduct of public health surveillance such as immunization registries; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
11. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your PHI to health oversight agencies during audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your Health Information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process.

13. **Law Enforcement.** We may, and are sometimes required by law, to disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. **Coroners.** We may, and are often required by law, to disclose your PHI to coroners or medical examiners in connection with their investigations of deaths.
15. **Organ or Tissue Donation.** We may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.
16. **Research.** We may use and disclose your PHI for research purposes. Your medical record may be reviewed, and data included in a research study in compliance with federal and state laws. Your PHI may be reviewed in preparation for research or to notify you about research studies in which your provider may consider you a candidate or which you may have interest. In some cases, PHI may be used or disclosed for research, and no additional authorization is required from you. In some cases, an Institutional Review Board (IRB) or its designee may determine whether your authorization is necessary for your PHI to be used or disclosed for research purposes. If required, your written authorization will be requested, and you will only become a part of one of these research projects if you agree to do so and sign an authorization.
17. **Public Safety.** We may, and are sometimes required by law, to disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
18. **Specialized Government Functions.** We may disclose your PHI for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. **Workers' Compensation.** We may disclose your PHI for Workers' Compensation or other similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.
20. **Breach Notification.** In the case of a breach of unsecured PHI, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

B. Other Uses or Discloses of Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose your PHI without your written authorization. If you do authorize this medical practice to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. **Right to Request Special Privacy Protections.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. You must make your request in writing and tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, only to you and your spouse. If you tell us not to disclose information to your health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.
2. **Right to Request Confidential Communications.** You have the right to request that you receive your PHI in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Access.** You have the right to inspect and receive a copy your PHI, with limited exceptions, for as long as we maintain the PHI. To access your PHI, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, we will provide in your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. As permitted by law, we will charge a reasonable fee for providing a copy of your PHI which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary.

   We may deny your request without providing you an opportunity for review under limited circumstances. In other circumstances, we may deny your request provided we give you the right to have such denials reviewed.
4. **Right to Amend or Supplement.** You have a right to request that we amend your PHI that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your PHI, and if we deny your request, will provide you with information about this medical practice's denial and how you can disagree with the denial.
5. **Right to an Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your PHI made by this medical practice.
6. **Right to a Paper Copy of this Notice.** You have a right to a paper copy of this Notice at any time, even if you have previously requested the Notice electronically.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Department of Compliance & Privacy using information is at the bottom of this Notice.

D. Changes to this Notice of Privacy Practices

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

E. Complaints

You can complain If you feel we have violated your rights by contacting our Department of Compliance & Privacy using the information below. You can file a complaint with the Secretary of the United States Department of Health and Human Services Office for Civil Rights.

We will not retaliate against you for filing a complaint.

Department of Compliance & Privacy
Allergy Partners
Email: compliance@allergypartners.com

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This Notice is effective August 1, 2025.