

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT US AT: care@totallife.com**

Total Life FL, P.A. ("Medical Group") is required by law to maintain the privacy of your health information and to provide you with a description of our privacy practices. This Notice of Privacy Practices ("Notice") applies to any health care entity that Medical Group owns or assists, whether directly, or through a management agreement, including certain Affiliated Covered Entities included in this Notice. These entities have established themselves as a single covered entity for the purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA").

All employees, staff, and others who perform work for Total Life FL, P.A and who are under the direct control of Medical Group, whether or not they are paid by Medical Group, are bound by this Notice. Other health care providers, such as physicians, psychiatrists, therapists, and nurse practitioners, that may offer clinically integrated health care services for Medical Group are also bound by this Notice. However, this Notice only applies to the privacy practices of these health care providers when they are providing care on behalf of the Medical Group. It does not apply to the privacy practices of these health care providers in their own offices or other health care settings. Medical Group will share your information with these health care providers as described in this Notice.

Your Rights

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

View or receive an electronic or paper copy of your medical record. You have the right to receive a paper copy of your medical record and other health information we maintain about you in our designated record set. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may require you to make the request in writing by emailing care@totallife.com or sending a written request to: Total Life FL, P.A., ATTN: Medical Records Request, 110 Front Street, Suite 300, Jupiter, Florida 33477. We may charge a reasonable, cost-based fee as permitted by law.

If your therapy involved family members, couples, or groups, your record may contain information about other individuals. In such cases, Total Life may deny requests to access or copy the record if doing so would reveal information about another person who has not authorized the disclosure, unless required by law. We may also deny your request for access to some of your health information. If we deny the request, we will provide you a reason for the denial in writing, how you may have your denial reviewed in certain instances, and how you may file a complaint regarding our decision.

Request an amendment to your health information. You may ask us to make a change to health information about you that you think is incorrect or incomplete. We are not required to agree to your request, but we will tell you in writing why we've denied your request within sixty (60) days.

Request confidential communications. You may ask us to contact you in a specific way (for example, home or office phone), to send mail to a different address, or only contact you during certain times. We will do our best to accommodate your reasonable requests.

Ask us to limit certain uses and sharing of your health information.

You have the right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care and tell you in writing why. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law or any of our agreements with your health insurer requires us to share this information.

Get a list of those with whom we've shared information. You may ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. Our accounting will include all the disclosures except for those made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within any twelve (12) month period.

Choose someone to act on your behalf. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action and may require you to provide additional documents or information regarding the designated individual's authority.

Ask a question, make a request, or file a complaint if you feel your rights are violated

To ask us any questions, make requests, express concerns, or file a complaint, you may contact our Privacy Officer by emailing care@totallife.com or by sending a letter to: Total Life, ATTN: HIPAA PRIVACY OFFICER, 110 Front Street, Suite 300, Jupiter, Florida 33477. We will not retaliate against you for filing a complaint or exercising your rights under this Notice.

You may file a privacy 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/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know by emailing care@totallife.com and we will accommodate reasonable requests.

- How we remind you that you have an appointment for care.
- Share limited information with your chosen family, close friends, or others involved in your care or coordination of care.
- Share limited information with authorized entities to assist in a disaster relief situation
- Include your information in an affiliated facility directory.
- Contacting you for fundraising efforts, but you can tell us not to contact you again by following instructions in the material we send you.

In certain cases, if you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

The following describes the ways that we typically use or share your health information:

For your treatment. We may use your health information to provide, coordinate, offer, and manage your health care and other related services provided through Total Life, Inc. This includes sharing your health information with your primary care providers, therapists, psychiatrists, wellness coordinators, or other health care providers involved in your overall care journey as a part of our commitment to providing for continuity of care and care coordination.

To coordinate payment for services. We can use and share your health and treatment information to bill and receive payment from health insurers or other entities.

For our operations. We may use or share your health information to carry out our general business operations, improve your care, and contact you when necessary. For example, we may share your health information to evaluate the quality of care provided and to review your treatment journey.

With Business Associates. Some of the services Medical Group provides or coordinates are performed on our behalf by outside vendors called Business Associates. We may share your limited health information with them for the purposes of carrying out those services such as accounting, collecting payments, and other business related duties.

For future communications. We may communicate to you via newsletters, mailings, or other means regarding treatment options, health-related information, disease-management programs, wellness programs, research projects, or other community-based initiatives or activities in which we participate.

Other Ways We May Use or Share Your Health Information

The following section describes other ways we are permitted, or sometimes required, to share your information. Before sharing your information many conditions must be met as required by law. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

For public health and safety. We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone's health or safety, including (i) reporting suspected abuse of a child or vulnerable adult, (ii) serious suicidal potential, (iii) threatened harm towards others, and (iv) court-ordered presentation of treatment. Some of this sharing may be required by law, and may also include the sharing of information obtained through psychotherapy sessions, where Therapists or other providers may be required to disclose such information.

For research. We may use or share your information for health research purposes, but only when the researchers meet state and federal requirements to protect your privacy. We may use your health information to request your participation in a research study or trial.

As required by law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to lawsuits and legal actions. We may share your health information in response to a valid court or administrative order and certain subpoenas, discovery requests, or other lawful processes.

Respond to organ and tissue donation requests. We may share your health information with organ procurement, banking, or transplantation organizations to facilitate organ, eye, or tissue donation.

Work with a medical examiner or funeral director. We may share health information with a coroner, medical examiner, or funeral director as necessary for them to perform their normal duties, or as authorized by law.

Address workers' compensation, other government, and law enforcement requests. We may use or share your health information for workers' compensation claims, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services, and in limited circumstances for valid law enforcement purposes.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

Following this notice. We must follow the privacy practices described in this Notice and provide you with a copy of the Notice. We will not share or use your health information other than as described in this Notice, unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time about authorizing a use or sharing of your information by emailing our Privacy Officer at care@totallife.com.

Notifying you of a breach. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

When your permission is required. We will not use or share your health information for the following purposes without your express written permission.

- For marketing purposes, except for when discussing your eligibility to receive Medical Group services upon referral from your healthcare provider or health insurer.
- Sale of your information.
- For sharing of psychotherapy notes, which are the private notes of a mental health professional kept separately from your health record.

Changes to the Terms of this Notice

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 and on our web site.

Affiliated Entities Subject to this Notice

- Total Life FL P.A.
- Total Life NJ P.A.
- Total Life CA, P.C.

Effective Date: 2025-11-28