

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.

Effective Date: November 1, 2025

At The Oak Clinic (sometimes referred to as “*we*” or “*us*” or “*our*”), we: (a) believe your protected health information (“*PHI*”) is personal; (b) are committed to keeping your PHI private; and (c) are required by law to respect your confidentiality.

Your PHI may consist of paper, digital, or electronic records, but could also include photographs, videos, and other electronic transmissions or recordings that are created during your care and/or treatment at The Oak Clinic. We are required by law to protect your PHI and describe to you how we handle it. That is the purpose of this Notice of Privacy Practices (“*Notice*”).

1. HOW THE OAK CLINIC MAY USE AND DISCLOSE YOUR PHI.

When you become a patient at The Oak Clinic, we will use your PHI within Oak Clinic, and disclose your PHI outside Oak Clinic, for the reasons described in this Notice. The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. While we have included some examples, we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use or disclosure of your PHI to the minimum we need to accomplish our intended purpose. The following examples describe some, but not all, of the ways The Oak Clinic may use and disclose your PHI.

- ❖ **Treatment.** We may use your PHI to provide you with health care services. We may disclose your PHI to doctors, nurses, technicians, medical or nursing students, health care facilities, or others who need access to your PHI to provide, coordinate, and/or manage your health care and related services. This may include representatives of The Oak Clinic involved in your care and/or those outside of The Oak Clinic who are involved in your care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, family members, health care facilities, and others. For instance, if you are going to receive care from another provider, we may disclose your PHI to that provider and any affiliated providers and/or practices to assist in their delivery of care to you.
- ❖ **Payment.** We may use and disclose your PHI so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment. For instance, we may forward information regarding your treatment or services rendered to arrange payment for that treatment or those services by the party responsible for payment.
- ❖ **Health Care Operations.** We may use your PHI and disclose it outside The Oak Clinic in connection with health care operations, including quality assurance, performance improvement, provider evaluations, training, risk management, legal and compliance monitoring, and general business or administrative activities. These uses and disclosures help The Oak Clinic with our operations and are designed to improve our operations and the care we provide. We also may combine PHI about many patients to identify new services to offer (or services that may be unnecessary), evaluate the effectiveness of care or therapies we provide, and to gather other information to help run The Oak Clinic and improve the care we provide.



- ❖ **Business Associates.** We may use and disclose your PHI to outside persons or entities that perform services on our behalf. The law requires our business associates and their subcontractors to protect your PHI in the same way The Oak Clinic does. We also contractually require these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- ❖ **Disclosures Permitted or Required by Law.** We may use or disclose your PHI, without an authorization, as permitted or required by law. These circumstances include, but are not limited to, the following:
 - Disclosure Compelled by Law: We will disclose your PHI when required to do so by federal, state, or local law, or when disclosure is required by any court or legal process.
 - Public Health and Safety: We may disclose your PHI for public health and safety reasons, such as reporting births, deaths, child abuse or neglect, reactions to medications, or problems with medical products. We may also release PHI to help control the spread of disease or to notify a person whose health or safety may be threatened.
 - FDA and OSHA: We may disclose your PHI pursuant to federal, state, or local law in connection with reporting adverse events, product problems, and product deviations so safety precautions, recalls, and notifications can be conducted.
 - Health Oversight Agencies: We may disclose your PHI to regulatory and health oversight agencies engaging in any health oversight activity authorized by law.
 - Other Agencies: We may disclose your PHI to federal or state agencies as required or permitted by applicable law.
 - Specialized Government Functions: We may disclose your PHI, when appropriate, for specialized government functions such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.
 - Coroners, Medical Examiners, and Funeral Directors: We may disclose your PHI to coroners, medical examiners, or funeral directors for them to perform legally authorized responsibilities.
 - Legal Process or Law Enforcement Activities: We may disclose your PHI to law enforcement officials when required or authorized by law or to respond to a court or administrative order or subpoena, investigative demands, and/or requests, or any other lawful process. In the event we receive a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal and disclosure is not otherwise required or permitted by law, we may disclose your PHI pursuant to the process set forth in 45 CFR § 164.512(e)(ii)-(iii).
- ❖ **Communications.** We may also use or disclose your PHI for certain communications. These circumstances include:
 - Contacting You: We may use and disclose PHI to contact you or your authorized personal representative by mail, telephone, email, or other permitted means of contact, regarding appointments and other matters. For instance, we may leave voice messages or send you an email using the contact information you provided to us. We may also use and disclose PHI about you to send you mailings about health-related products and services available at The Oak Clinic.



- **Family Members or Personal Representatives:** You may want us to discuss your PHI with family members, guardians, persons named in a health care power of attorney or living will, personal representatives, or others assisting in your care or helping you pay your bills. This may include discussing or answering questions a family member has about your condition, treatment services, medication and refills, and/or appointments. It also may include answering questions about eligibility or payment for services or other programs. You will have an opportunity to identify, in writing, those with whom you want us to share your medical information.
- ❖ **Uses or Disclosures Incident to Permitted Uses or Disclosures.** An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another permitted use or disclosure. To the extent permitted by applicable federal, state, and/or local law, and only in a manner consistent with such laws, we may therefore also use or disclose your PHI for incidental uses or disclosures.
- ❖ **Health Information Exchanges.** We may participate in certain health information exchanges or other joint arrangements with other providers or health care entities which support electronic information sharing among members for treatment, payment, and health care operations purposes. We may disclose your PHI, as permitted by law, in the course of our participation in these health information exchanges. You may opt-out of having your PHI shared in connection with these health information exchanges by notifying our Privacy / Security Officer, Sarah Good, at 330-896-9625 or Sgood@oakclinic.net. Opting out will not affect any services we are providing to you.
- ❖ **Fundraising and Philanthropic Support.** We may use or disclose certain PHI about you to contact you in an effort to raise funds to support The Oak Clinic and its operations. You may opt-out of these communications by notifying our Privacy / Security Officer, Sarah Good, at 330-896-9625 or Sgood@oakclinic.net. Opting out will not affect any services we are providing to you.
- ❖ **Research.** We may conduct research at The Oak Clinic. Any patient research conducted at The Oak Clinic will undergo a process, required by law, to review protections for patients involved in research, including privacy. Except for some types of research that do not require your authorization, we will not use your PHI or disclose it outside The Oak Clinic for research reasons without getting your prior written approval or first determining that your privacy is protected in accordance with applicable law.
- ❖ **Technology.** The Oak Clinic uses technologies that process your health information, including tools with artificial intelligence capabilities, to support various aspects of your care, including tasks like summarizing medical information to help providers generate clinical notes. These technologies are designed to enhance decision-making and efficiency, but do not in any way replace the professional medical judgment of your providers at The Oak Clinic. Your PHI may be used and/or disclosed in connection with our use of these tools, subject to and in accordance with applicable law. Any uses and/or disclosures of your PHI in connection with technologies or tools utilizing artificial intelligence will conform to then-applicable law. The Oak Clinic may, as required by law, by business associates, or otherwise, request your written consent to the use of technologies utilizing artificial intelligence in connection with your care.
- ❖ **Other Disclosures.** Without limiting the foregoing, we may also use and disclose your PHI for any purpose where use and/or disclosure, without authorization or opportunity to agree or object, is authorized by federal, state, or local law, including, but not limited to, those uses and disclosures identified in 45 CFR § 164.512.

2. DISCLOSURES AND USES WITH YOUR AUTHORIZATION.



As described above, we may use and disclose your PHI for treatment, payment, health care operations, and when otherwise required or permitted by law. Unless otherwise limited by applicable federal, state, or local law, your authorization is generally not required for those disclosures. However, in other limited circumstances, your authorization is required before we may use and/or disclose your PHI. The following categories describe ways that we may not use and/or disclose your PHI without your authorization:

- ❖ **Psychotherapy Notes.** Unless you authorize us to do so, we will not disclose PHI which constitutes psychotherapy notes (as that term is defined in 45 CFR § 164.501).
- ❖ **Marketing Communications.** Unless you authorize us to do so, we will not disclose your PHI for marketing communications. For purposes of this Notice, “marketing communications” do not include communications made to you in person, promotional gifts of nominal value, prescription refill reminders, general health or wellness information, or communications about health-related products or services we offer or which are related to your treatment.
- ❖ **Sales.** Unless you authorize us to do so, we will not make a disclosure that constitutes a sale, for compensation, of your PHI.
- ❖ **Special Circumstances.** To the extent federal, state, or local law require your prior authorization, we also will not disclose your PHI if it pertains to the performance (or results of) an HIV test, diagnoses of AIDS (or an AIDS-related condition), or any drug or alcohol treatment that you have received as part of a drug or alcohol treatment program.

If you desire to authorize us to use and/or disclose your PHI for any purpose other than as permitted or required by applicable law or this Notice, you or a person authorized by law to act on your behalf (such as a legal guardian, attorney-in-fact under a durable power of attorney for health care, or a personal representative) may sign an authorization form allowing us to release your PHI pursuant to your instructions. Signing an authorization is voluntary, and we will not condition your treatment or any other provision of services on you signing an authorization form.

3. YOUR RIGHTS REGARDING YOUR PHI.

You have the following rights regarding your PHI:

- ❖ **Right to Inspect and Obtain Copy.** You, or your authorized personal representative, have the right to inspect or obtain an electronic or paper copy of your PHI which The Oak Clinic keeps and maintains in a designated record set (as defined in 45 CFR § 164.501). You do not have a right to access your PHI that is not part of a designated record set (such as quality assessment or improvement records, patient safety activity records, or business planning, development, and management records) or to access other categories of information excluded from a patient’s right to access by applicable federal, state, or local law (such as psychotherapy notes maintained separate from the rest of your medical record, information compiled in reasonable anticipation of or use in a civil, criminal, or administrative proceeding, or information your doctor believes could harm you).

Requests to inspect or obtain a copy of your PHI must be made in writing, and submitted to:

The Oak Clinic
Attn: Sarah Good
3838 Massillon Rd., Suite 360
Uniontown, OH 44685



The Oak Clinic may take other reasonable steps to verify the identity of an individual making any request for access. Additionally, subject to limits imposed by applicable federal, state, and/or local law, The Oak Clinic may impose a reasonable, cost-based fee incurred in connection with your request for a copy of your PHI.

The Oak Clinic will generally respond to requests to access PHI within thirty (30) calendar days after receiving the request. However, if we cannot act within thirty (30) days, we will give you a reason for the delay in writing and let you know when you can expect us to act on your request. Under certain limited circumstances set forth in 45 CFR § 164.524, we may deny your request to inspect or obtain an electronic or paper copy of your PHI. If we deny your request to inspect or obtain a copy, we will notify you of the basis of the denial and your appeal rights.

- ❖ **Right to Accounting.** You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom The Oak Clinic has disclosed your PHI without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting must:

- be in writing, signed, and dated; and
- identify the time period of the disclosures which are the subject of the accounting.

We will not list disclosures made more than six (6) years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). You must submit your written request to:

The Oak Clinic
Attn: Sarah Good
3838 Massillon Rd., Suite 360
Uniontown, OH 44685

We will respond to you within 60 days. Additionally, subject to limits imposed by applicable federal, state, and/or local law, The Oak Clinic will give you the first accounting within any 12-month period free of charge but may impose a reasonable, cost-based fee incurred in connection with other accountings requested within the same 12 month period.

- ❖ **Right to Request Amendment.** If you feel that PHI we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must:

- be in writing, signed, and dated; and
- specify the records you wish to amend and the reason for your request.

We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, in whole or in part, we will tell you why and explain your options. Requests for an amendment should be submitted to:

The Oak Clinic
Attn: Sarah Good
3838 Massillon Rd., Suite 360
Uniontown, OH 44685

- ❖ **Requesting Restrictions.** You may ask us to restrict the uses or disclosures we make of your PHI for treatment, payment, or health care operations, but we do not have to agree in most circumstances. However,



if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures to a health plan of your PHI relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law. You also may ask us to limit the PHI that we use or disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree.

Your request for restrictions must:

- be in writing, signed, and dated;
- describe the information you want restricted and whether you want to limit the use or the disclosure (or both) of the information; and
- inform us who should not receive the restricted information.

Requests for restrictions should be submitted to:

The Oak Clinic
Attn: Sarah Good
3838 Massillon Rd., Suite 360
Uniontown, OH 44685

We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- ❖ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health in a certain way or at a certain location. For instance, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request for confidential communications must:

- be in writing, signed, and dated; and
- specify how or where you wish to be contacted.

Requests for confidential communications should be submitted to:

The Oak Clinic
Attn: Sarah Good
3838 Massillon Rd., Suite 360
Uniontown, OH 44685

- ❖ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy of this Notice at our office or by calling us at 330-896-9625. You also can view this Notice at our website at www.oakclinic.com
- ❖ **Right to Breach Notifications.** In accordance with then applicable federal, state, and/or local law, in the event of an impermissible use or disclosure of your PHI which compromises the security or privacy of your PHI or other personal information such that a “breach” (as that term is defined in 45 CFR § 164.402) has occurred, you will receive notice and information on steps you may take to protect yourself from harm. Impermissible uses or disclosures The Oak Clinic determines, after conducting a risk assessment in accordance with applicable law, present a low probability that your PHI has been compromised are not “breaches” requiring notification.



4. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with The Oak Clinic. To file a complaint with our office, please submit a written complaint to:

The Oak Clinic
Attn: Sarah Good
3838 Massillon Rd., Suite 360
Uniontown, OH 44685

If you have questions about submitting a complaint to The Oak Clinic, please contact Sarah Good at 330-896-9625.

Additionally, or in lieu of submitting a complaint to The Oak Clinic, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. For questions regarding the complaint process with the Secretary of the U.S. Department of Health and Human Services Information, please call the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019, or visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. Complaints may be submitted to the Secretary of the U.S. Department of Health and Human Services using the HHS secure online portal (available at the link above), by email to the Secretary of the U.S. Department of Health and Human Services at OCRComplaint@hhs.gov, or by mail to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

You will not be penalized for filing a complaint, and we will never retaliate against you for expressing a concern or for filing a complaint relating to your privacy rights.

5. CHANGES TO THIS NOTICE.

The Oak Clinic may change this Notice at any time. Any change in the Notice could apply to PHI we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at our office and on our website, at www.oakclinic.com. You may also obtain a current copy of the Notice from The Oak Clinic Security Officer, Sarah Good, at 330-896-9625 or Sgood@oakclinic.net. In the event any provision of this Notice is deemed to be unenforceable under then-applicable federal, state, or local law, that provision will be automatically deemed null and void.

6. QUESTIONS.

If you have questions or need further information, please contact The Oak Clinic's Privacy / Security Officer, Sarah Good, at 330-896-9625 or Sgood@oakclinic.net.

7. ACKNOWLEDGEMENT.

You will be asked to sign an acknowledgement form confirming your receipt, or opportunity to receive, a copy of this Notice.



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3838 Massillon Rd., Suite 360, Uniontown, Ohio 44685 **P:** 330.896.9625 **F:** 330.896.9768