Notice of Privacy Practices

This Notice Describes

- How health information about you as a patient or customer may be used and disclosed.
- Your rights with respect to your personal health information.
- How to file a complaint concerning a violation of the privacy or security of your health information or of your rights concerning your information.

You have the right to request a copy of this Notice at any time (in paper or electronic form) and to contact the Infinity's Privacy Officer if you have any questions. If you believe that your privacy rights have been violated, you may file a complaint with our practice or the United States Department of Health and Human Services. To file an internal complaint, contact our Privacy Officer at the information below:

Privacy Officer
2805 Mid Cities Drive., Suite 13, Bentonville, AR 72712
Phone: 479-401-2228

We encourage you to file your complaint with us first to give us the opportunity to address your concerns. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Who We Are

At Infinity Care Solutions ("Infinity") keeping your health information private is our priority. This privacy notice ("Notice") describes our privacy practices explaining your rights and choices regarding your personal health information (PHI), how we may use and share this information, and how we protect it, our responsibilities, and how to file a complaint if a violation occurred. Our Notice applies to health information regulated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). In some cases, Infinity may create, receive, maintain, or transmit records relating to substance use disorder ("SUD"). Certain SUD treatment records may be subject to additional confidentiality protections under federal law, including 42 C.F.R. Part 2 ("Part 2"), in addition to HIPAA. When Part 2 applies, Infinity will comply with Part 2 requirements as well as HIPAA.

We are required by the above-mentioned laws to maintain the privacy of your health information, to provide you with notice of our privacy practices, and to notify you if a breach occurs that may have compromised the privacy or security of your health information.

While serving you, our employees and affiliated parties follow this Notice. In addition, any person involved in your care across Infinity and its affiliated entities, sites, and locations may share health information about you with each other for treatment, payment, or healthcare operations as described in this Notice.

Our goal is to provide you with excellent healthcare services while respecting your privacy. And we want you to feel confident that your information is safe with us.

What is Protected Health Information?

Protected Health Information ("PHI") is any information that we create, receive, maintain, or transmit that relates to your past, present or future health care, condition or treatment, and that identifies or can be used to identify you. This includes both your medical information and identification information, such as your address, social security number, and other similar information.

Your Rights

When it comes to your health information, you have certain rights. To request any of the rights below, we want you to submit a written request addressed to our Privacy Officer in advance. We may ask you to complete a form and verify your identity before processing your request.

- **Access your Healthcare Information**
- You can ask to see or get an electronic or paper copy of the health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. If we need additional time, we may take one additional 30-day extension as permitted by law. We may charge a reasonable, cost-based fee.
- **Ask us to correct your Healthcare Information**
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why in writing within 60 days. If we need additional time, we may take one additional 30-day extension as permitted by law.
- You can submit a request to amend in writing by submitting a letter in writing to the information found on page 1 with an explanation as to why the amendment is needed.
- **Request confidential communication**
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to different addresses. We will say "yes” to all reasonable requests.
- You can manage your communication preferences by contacting our Privacy Officer at the information found on page 1.
- **Ask us to limit what we share**
- You can 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 affects your care.
- If you pay for a service or prescription 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 insurance. We will say “yes” unless a law requires us to share that information.
- You can submit a request to restrict disclosure for payment by submitting a letter in writing to the information found on page 1.
- **Get a list of those with whom we share Healthcare Information**
- You can 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. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures made directly to you or with your consent.
- Submit your request in writing to the information found on page 1. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **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.
- **Choose someone to act for you (Personal Representatives)**
- If another person is legally authorized to act on your behalf regarding your health care, such as a legal guardian, a person with a health care power of attorney, or a parent or guardian of a minor, we will generally treat that person as your personal representative for purposes of your rights under HIPAA, to the extent of their legal authority.
- We may require documentation of the person's authority, such as a court order, guardianship document, or health care power of attorney.
- A personal representative may exercise your applicable privacy rights, including requesting access to or copies of your health information, as permitted by law.
- We may decline to treat a person as your personal representative where permitted by law, including where we reasonably believe you have been or may be subjected to domestic violence, abuse, or neglect by that person, or that recognizing the person could endanger you.
- We will make sure the person has this authority and can act for you before we take any action.

➢ **File a complaint if you feel your rights are violated**

- You can file a complaint if you feel we have violated your rights by contacting us using the information on Page 1.
- You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

Uses and Disclosures with Your Authorization

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, talk to us. Tell us what you want us to do, and we will follow your instructions.

➢ In these cases, you have both the right and choice to tell us to

- Share information with your family, close friends, other individuals, or any other third party you want to share your healthcare information with. Disclosures to family members and others involved in your care or payment for your care that do not require authorization are described under "Family, Friends, and Others Involved in Your Care" below.
- Share information using unsecure electronic communications. If you provide your email address or phone number to us, we may send you messages related to your prescriptions, appointments, surveys, or other communications.
    - For your convenience, these messages may be sent unencrypted. Please be aware that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, or messages forwarded to others. By choosing to receive email, text, or push messages from us, you are acknowledging and agreeing to accept these risks. You may opt out of electronic communications at any time by contacting us.

➢ In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sales of your information (e.g. selling your health information to third parties).
- Disclosure of psychotherapy notes (if applicable).

If you provide us with authorization, you may revoke (withdraw) that authorization at any time. However, the uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosure we may have already made with your authorization.

Our Uses and Disclosures Without Your Authorization

How do we typically use or share your personal health information?

Primary Uses and Disclosures

We typically use or share your PHI for the following purposes:

1. **Treatment.** We may use and disclose your health information to provide, coordinate, or manage your health care and related services. *For example: a pharmacist may share information with your doctor to confirm your prescription.*
2. **Payment.** We may use and disclose your health information to bill and collect payment for services provided to you. *For example: we may send claim information to your health insurance plan to receive payment for your medication or services*.
3. **Healthcare Operations.** We may use and disclose your health information for business operations, quality improvement, accreditation, training, and administrative purposes. *For example: we may review patient records to evaluate the quality of our services or train our staff.*
    - Note: For Substance Use Disorder (SUD) patient records, you may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. As such, records that are disclosed to a SUD program pursuant to this single consent for treatment, payment, and health care operations may be further

disclosed by that SUD program without your written consent, to the extent that federal regulations permit such disclosure.

Health Information Exchange

We may participate in a health information exchange (HIE) and may share your health information through the HIE for treatment, payment, and health care operations as permitted by law. You may have the right to opt out of HIE participation depending on applicable law and the HIE's policies. Contact our Privacy Officer for more information.

Other Uses and Disclosures Without your Authorization

In certain situations, we may use or disclose your healthcare information without your authorization (permission) for other purposes permitted or required by law, including:

- **Family, Friends, and Others Involved in Your Care.** Depending on the circumstances, we may share your health information with a family member, relative, friend, caregiver, or other person you identify who is involved in your care or payment for your care, including when they contact us by phone or in person (such as when calling to arrange your medication shipment, or picking up your prescription), as follows:
  - **With your agreement or opportunity to object.** If you agree, or if you are given the opportunity to object and do not, we may share information directly relevant to that person's involvement in your care or payment.
  - **When you are incapacitated or unavailable.** If you are not present or are unable to agree or object (for example, in an emergency, or if incapacitated), we may share information when, in our professional judgment, doing so is in your best interest.
    - **Emergency contacts.** If you have given us an emergency contact, we may use the contact information on file to reach that person when you are unable to agree or object because of an emergency or incapacity and, in our professional judgment, contacting them is in your best interest. We will share only the information directly relevant to that person's involvement in your care and the reason for the contact. Being listed as an emergency contact does not make a person your personal representative.
  - **Verification.** We may ask the caller or visitor to verify their identity and their involvement in your care before we share any information.
  - **Your right to object or restrict.** You may ask us at any time not to share your information with a particular person by contacting our Privacy Officer, and we will honor reasonable requests as permitted by law. If your records are subject to Part 2, additional restrictions may apply.
- **Disaster relief.** We may share limited information with disaster-relief organizations to help locate or notify family members about your location and condition.
- **Health-related offers.** To tell you about, or recommend, health-related products, benefits, and services we may provide.
- **Required by Law.** As required by state and federal law, including the Secretary of Health and Human Services, to investigate or determine our compliance with HIPAA. If your records are subject to Part 2, additional restrictions may apply.
- **Public Health.** For public health activities, such as disclosures to state Prescription Drug Monitoring Programs (PDMP) and the Food and Drug Administration.
- **Abuse or Neglect**. If you have been a victim of abuse, neglect, or domestic violence, we may disclose your healthcare information to the government agency authorized to receive such information.
- **Health Oversight.** To a health oversight agency for activities authorized by law, such as civil or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of healthcare facilities, governmental health benefit programs, or compliance with laws.
- **Our Partners.** To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance, and sending communications. We may use third-party Business Associates to perform the

operations described above. In those instances where we disclose your healthcare information to a third-party acting on our behalf, we protect your healthcare information through an appropriate privacy agreement, referred to as a Business Associate Agreement. In addition to these contractual obligations, our Business Associates also have independent obligations under HIPAA to protect your information.

- **Judicial and Administrative Proceedings.** In response to a court or agency order, and in certain cases; in response to a subpoena, discovery request, or other lawful process not accompanied by a court order. If Part 2 applies, disclosures for judicial or administrative proceedings will only be made as permitted by Part 2, including where required by a court order that meets Part 2 requirements.
- **Law Enforcement.** To law enforcement officials as authorized or required by law, such as providing information to the police about the victim of a crime.
- **Coroners and Funeral Directors.** To coroners, medical examiners, and funeral directors, as authorized or required by law, as necessary for them to carry out their duties.
- **Research.** To researchers when the research is being conducted under established protocols to ensure the privacy of your information.
- **Serious Threat to Health or Safety.** To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Specialized Government Functions**. To specialized government functions related to military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.
- **Domestic Armed Forces Personnel.** To the military if you are a member of the armed forces and we are authorized or required to do so by law.
- **Inmates.** Under certain circumstances, we may disclose the healthcare information of inmates of a correctional institution.
- **Workers' Compensation.** For workers' compensation or similar programs providing benefits for work-related injuries or illness as authorized or required by law.

We may further contact you for the following purposes:

- **Information about treatment alternatives.** We may contact you to notify you of alternative treatments and/or products.
- **Health-related benefits or services.** We may use your PHI to notify you of the benefits and services Infinity provides.
- **Fundraising.** If we participate in fundraising activities, we may use or disclose certain limited information about you (such as demographic information and dates of service) to contact you for fundraising purposes. You have the right to opt out of receiving fundraising communications, and we will honor your choice. Instructions for opting out will be included in each fundraising communication, or you may contact our Privacy Officer.

Substance Use Disorder (SUD) Records

Federal law (42 C.F.R. Part 2) protects the confidentiality of certain substance use disorder ("SUD") treatment records. These protections may apply to certain records related to diagnosis, treatment, or referral for treatment of SUD that are created by or received from a federally assisted Part 2 Program.

We will not disclose information that identifies you as having or having had a SUD unless:

- You give us your written consent (when required),
- The disclosure is otherwise permitted by federal law, or
- A court issues an order that meets applicable legal requirements.

Federal law also prohibits recipients of certain SUD information from redisclosing such information except as permitted by law. If we receive SUD records subject to Part 2 pursuant to a valid patient consent, we may use and disclose those records for treatment, payment, and health care operations consistent with the scope of that consent and as permitted by law.

Certain disclosures, including disclosures for civil, criminal, administrative, or legislative proceedings, are subject to additional requirements under Part 2.

You have the right to access your SUD records, request corrections, and receive a list of certain disclosures as permitted by law. If you believe your SUD privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services.

Certain health care providers, such as drug or alcohol treatment programs, are subject to federal confidentiality laws under 42 C.F.R. Part 2 ("Part 2 Programs"). If you receive services from a Part 2 Program and provide a single written consent that permits your SUD records to be shared for treatment, payment, or health care operations ("TPO"), that program may disclose your SUD information to us.

When we receive your SUD records with a copy of your consent:

- We are not required to obtain a new or separate consent from you to use or disclose those records for treatment, payment, or health care operations, as permitted by law and consistent with the scope of your consent.
- We will protect your SUD records in accordance with HIPAA rules and any additional protections required by Part 2.
- We will not use or disclose your SUD records for purposes outside treatment, payment, or health care operations unless:
  - You give us a specific written consent that meets Part 2 requirements, or
  - A court issues an order that complies with Part 2.

Additional Restrictions on Use and Disclosure

The uses and disclosures of your healthcare information described above are permitted or required by federal law. Some states have laws that require additional privacy safeguards above and beyond the federal requirements. Thus, if a state law is more restrictive regarding uses and disclosures of your healthcare information or provides you with greater rights with respect to your information, Infinity will comply with that law. In addition, certain records may be subject to heightened protections under federal law, including 42 C.F.R. Part 2.

Notice to Minors

If you are a minor, your parent or legal guardian is generally your personal representative and may exercise your privacy rights, including accessing your health information, except where you can lawfully consent to your own care. In certain situations, state or federal law allows a minor to consent to care without parental involvement. In those situations, you may control access to, and disclosure of, the health information related to that care, as permitted by applicable law. If you have questions about your rights, please contact our Privacy Officer.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will not retaliate against you for filing a complaint regarding privacy practices.

Changes to the Terms of this Notice

We may change the terms of this Notice, and the changes will apply to all the information we have about you. The new Notice will be available upon request and will be posted on our website.

Notice Effective Date: February 16, 2026