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COLUMBIA MEDICAL CLINIC, P.C.

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

Last Revised: January 1, 2026

Your Information. Your Rights. Our Responsibilities.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

Get an electronic or paper copy of your medical record

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we have about you.
- Ask us how to submit your request. We will provide a copy or summary within the time required by law.
- We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your medical record

- 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 will explain why in writing within the time required by law.

Request confidential communication

- You can ask us to contact you in a specific way, such as calling a particular telephone number or sending mail to a different address.
- We will accommodate reasonable requests as required by law.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations.
- We are not required to agree to every request.
- If you pay for a health care item or service out-of-pocket in full, you can ask us not to share information about that item or service with your health insurer for payment or health care operations purposes. We must agree unless a law requires us to disclose the information.

Get a list of those with whom we have shared information

- You can ask for an accounting of certain disclosures of your health information for the six years before the date of your request.
- This accounting does not include every disclosure. For example, it generally excludes disclosures for treatment, payment, and health care operations, disclosures made directly to you, and certain other disclosures permitted by law.
- We will provide one accounting in a 12-month period at no charge. We may charge a reasonable, cost-based fee for additional requests within that period when permitted by law.

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 it electronically.

Choose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise legally authorized to act for you, that person may exercise your rights and make choices about your health information as permitted by law.
- We will verify that the person has the appropriate authority before taking action.

File a complaint if you feel your rights are violated

- You can complain if you believe we have violated your rights by contacting us using the information below.
- You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or by calling 1-800-368-1019.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your preferences about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do.

You have the right to tell us whether to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Contact you about fundraising, if applicable.

If you are unable to tell us your preference, for example, if you are unconscious, we may share information when we believe it is in your best interest or when otherwise permitted by law.

We may also share information when necessary to lessen a serious and imminent threat to health or safety, as permitted by law.

We generally need your written permission for:

- Marketing purposes when authorization is required by law.
- Sale of your health information when authorization is required by law.
- Most uses and disclosures of psychotherapy notes.

Certain sensitive health information, including some substance use disorder treatment records, may have additional legal protections.

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A physician treating you may consult another health care professional about your overall health condition.

Run our organization

We can use and share your health information to operate our practice, improve care, review quality and performance, train staff, and contact you when necessary.

Example: We review medical records to evaluate the quality and effectiveness of the care we provide.

Bill for your services

We can use and share your health information to bill and receive payment from health plans or other entities.

Example: We provide information to your health insurance plan so it can process and pay your claim.

Coordinate your care

We may share information with other health care providers, pharmacies, laboratories, specialists, and authorized health information exchange participants to coordinate treatment and support continuity of care, as permitted by law.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways, usually to contribute to public health and safety. We must meet applicable legal requirements before sharing information for these purposes.

Help with public health and safety issues

We can share health information for certain situations, including:

- Preventing disease and reporting certain health conditions.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence when required or authorized by law.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research

We may use or share your information for health research when applicable legal requirements are met.

Comply with the law

We will share information about you when federal or state law requires it, including with the U.S. Department of Health and Human Services when necessary to verify compliance with federal privacy law.

Respond to organ and tissue donation requests

We may share health information with authorized organizations involved in organ, eye, or tissue donation and transplantation when permitted by law.

Work with a medical examiner or funeral director

We may share health information with a coroner, medical examiner, or funeral director when an individual dies, as permitted by law.

Address workers' compensation, law enforcement, and other government requests

We may use or share health information:

- For workers' compensation claims.
- For law enforcement purposes when legally authorized.
- With health oversight agencies for activities authorized by law.
- For certain government functions, including military and national security activities, when permitted by law.

Respond to lawsuits and legal actions

We may share health information in response to a court or administrative order, subpoena, or other lawful process when applicable legal requirements are satisfied.

Work with our service providers

We may share information with vendors who assist us with electronic health records, billing, information technology, and other clinic operations. These service providers must agree to protect your information as required by law.

Protect specially regulated health information

Some information, including certain substance use disorder treatment records, mental health information, HIV-related information, and other sensitive records, may be subject to additional protections under federal or Oregon law. We follow applicable requirements for these records.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you when a breach of unsecured protected health information requires notification under applicable law.
- We must follow the duties and privacy practices described in this notice and provide you with a copy.
- We will not use or share your information other than as described in this notice unless you authorize us in writing or the use or disclosure is otherwise permitted or required by law.
- If you authorize a use or disclosure, you may revoke that authorization in writing at any time, except to the extent we have already acted in reliance on it.
- We may change the terms of this notice. Changes may apply to all protected health information we maintain, as permitted by law. The updated notice will be available at our office and on our website, if applicable.

CONTACT COLUMBIA MEDICAL CLINIC, P.C.

If you have questions, want to exercise your privacy rights, or wish to file a complaint, please contact:

Columbia Medical Clinic, P.C.

Attention: Privacy Contact / Director of Operations

Telephone: 503-255-1111 or 503-777-5995

Mailing Address: 8122 SE Tibbetts Street, Portland OR 97206

Email: info@columbiaclinic.com

U.S. Department of Health and Human Services — Office for Civil Rights

Complaint information: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Telephone: 1-800-368-1019

We will not retaliate against you for filing a complaint.

Thank you for trusting Columbia Medical Clinic, P.C. with your health care. We take our responsibility to protect your privacy seriously.