

## **Health Hub Clinic – Notice of Privacy Practices**

Effective Date: December, 12, 2025

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.

The Health Hub, LLC dba Health Hub Clinic (“Health Hub,” “we,” “our,” or “us”) is committed to protecting the privacy of your protected health information (“PHI”). This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your PHI, your rights regarding your PHI, and our legal duties with respect to your PHI.

### **Who Will Follow This Notice**

This Notice applies to Health Hub and its workforce, including employees, independent contractors, volunteers, trainees, and other personnel involved in your care. Health Hub may work closely with affiliated entities that provide services such as laboratory, imaging, telehealth, or other medical services. These affiliated entities may receive and use your PHI as necessary for treatment, payment, and health care operations, and they may have their own Notices of Privacy Practices or similar documentation governing their activities.

### **Our Legal Duties**

We are required by law to:

1. Maintain the privacy of your PHI;
2. Provide you with this Notice of our legal duties and privacy practices;
3. Follow the terms of this Notice currently in effect; and
4. Notify you following a breach of unsecured PHI.

This Notice applies to all records created or maintained by Health Hub relating to your care.

### **How We May Use and Disclose Your PHI**

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and related services. This may include sharing information with affiliated providers, laboratories, imaging centers, telehealth providers, or other health care professionals involved in your care.

Payment: We may use and disclose your PHI to bill and collect payment for services provided, including disclosures to health plans and other payors.

Health Care Operations: We may use and disclose your PHI for operations such as quality assessment, training, accreditation, licensing, audits, compliance activities, and business planning.

Other Permitted Uses and Disclosures: We may also use or disclose your PHI without your authorization for purposes permitted by law, including, but not limited to:

1. Appointment reminders and treatment alternatives;
2. Individuals involved in your care or payment;
3. As required by law;
4. Public health and health oversight activities;
5. Law enforcement and legal proceedings;
6. Workers’ compensation;

7. Research (subject to legal safeguards);
8. To prevent a serious threat to health or safety; and
9. Military, national security, and other government functions.

### **Uses and Disclosures Requiring Authorization**

Certain uses and disclosures of your PHI require your written authorization, including most uses of psychotherapy notes, marketing communications, and any sale of PHI. You may revoke an authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

### **Your Rights**

You have the right to:

1. Inspect and obtain a copy of your PHI, subject to limited exceptions;
2. Request an amendment to your PHI if you believe it is incorrect or incomplete;
3. Receive an accounting of certain disclosures of your PHI;
4. Request restrictions on certain uses and disclosures;
5. Request confidential communications;
6. Receive notification of a breach of unsecured PHI; and
7. Obtain a paper copy of this Notice at any time.

Requests to exercise your rights must be made in writing. We may deny certain requests as permitted by law. If access to your PHI is denied, you may request a review of the denial by a licensed health care professional not involved in the original decision. We generally respond to requests within 30 days, unless an extension is permitted by law.

### **Out-of-Pocket Payments**

If you pay for a service in full out of pocket, you may request that we not disclose information about that service to your health plan for payment or health care operations. We are required to honor such requests, provided applicable legal requirements are met.

### **Changes to This Notice**

We reserve the right to change this Notice and make the revised Notice effective for PHI we already have as well as any PHI we receive in the future. The current Notice will be available upon request and on our website.

### **Questions or Complaints about this Notice**

If you believe your privacy rights have been violated or if you have any questions about this Notice, you may send such questions or file a complaint with:

Health Hub Clinic  
Privacy Officer (or Designee)  
Alisha York Stradling, Vice President  
Phone: 877-681-2977  
Email: [Alisha@etr247.com](mailto:Alisha@etr247.com)

While we will make every effort to resolve any complaints, please know that you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.