NOTICE OF PRIVACY PRACTICES

Horizon Behavioral Health, PC

Effective Date: April 20, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

Horizon Behavioral Health, PC ("HBH," "we," "us," or "our") is committed to protecting the privacy and security of your Protected Health Information ("PHI").

We are required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.
- Notify you following a breach of unsecured PHI when required by law.

This Notice describes how we may use and disclose your PHI, your rights regarding your PHI, and our legal responsibilities.

Protected Health Information ("PHI") means information that identifies you and relates to your past, present, or future physical or mental health condition, health care services, or payment for health care services.

The terms of this Notice apply to all PHI created, received, maintained, or transmitted by Horizon Behavioral Health, PC.

We reserve the right to revise this Notice at any time. Any revised Notice will apply to all PHI we maintain, including information created before the revision. The current version of this Notice will be available in our offices and on our website.

B. PERSONS AND ENTITIES COVERED BY THIS NOTICE

This Notice applies to:

- Horizon Behavioral Health, PC.
- All workforce members.
- Physicians.
- Nurse Practitioners.
- Physician Assistants.
- Therapists and counselors.
- Students and trainees.
- Contractors.
- Business Associates and their subcontractors acting on our behalf.

This Notice applies to all Horizon Behavioral Health locations, including offices located in Hinesville, Savannah, Rincon, Richmond Hill, and any future practice locations operated by Horizon Behavioral Health, PC.

C. CONTACT INFORMATION

Privacy Officer
Horizon Behavioral Health, PC
508 North Main Street, Suite A
Hinesville, Georgia 31313
Phone: 912.785.2100
Email: privacy@hbhga.com

D. HOW WE MAY USE AND DISCLOSE YOUR PHI

1. Treatment

We may use and disclose your PHI to provide, coordinate, and manage your treatment and related health care services.

Examples include:

- Psychiatrists coordinating care with therapists.
- Providers consulting with other providers regarding your treatment.
- Communicating with hospitals, pharmacies, laboratories, primary care providers, specialists, care coordinators, or other health care professionals involved in your care.
- Coordinating medication management, psychotherapy, TMS treatment, Spravato treatment, neurofeedback services, psychological testing, and other behavioral health services.

We may disclose information to family members, caregivers, or others involved in your care when permitted by law.

2. Payment

We may use and disclose your PHI to obtain payment for services rendered.

Examples include:

- Submitting claims to insurance carriers.
- Obtaining prior authorizations.
- Verifying eligibility and benefits.
- Conducting utilization review.
- Collecting outstanding balances.
- Responding to payer audits and inquiries.

3. Health Care Operations

We may use and disclose your PHI for health care operations necessary to run our organization and improve the quality of care we provide.

Examples include:

- Quality assessment and improvement activities.
- Clinical supervision.
- Staff training and education.

• Credentialing and licensing.
• Audits and compliance reviews.
• Risk management.
• Care coordination.
• Legal and accounting services.
• Business planning and development.
• Accreditation activities.

4. Technology Assisted Care and Documentation

HBH may utilize technology assisted tools to support treatment, care coordination, documentation, operational efficiency, and patient communication.
Examples include:
• Artificial intelligence assisted documentation systems.
• Human scribes.
• Virtual scribes.
• Patient engagement platforms.
• Website chat functions.
• Virtual assistants and chatbots.
• Telehealth technologies.
• Secure messaging platforms.
• Clinical workflow tools.
• Other emerging technologies that support patient care and operations.
These technologies are subject to applicable privacy and security requirements.
Information submitted through chat functions, virtual assistants, scheduling tools, or similar technologies may become part of your medical or administrative record when appropriate.

5. Appointment Reminders and Communications

We may contact you regarding:
• Appointments.
• Follow up visits.
• Telehealth visits.
• Prescription issues.
• Test results.
• Billing matters.
• Care coordination.
• Missed appointments.
• Other matters related to your care.
Unless you request otherwise, communications may occur through:
• Telephone calls.
• Voicemail.
• Text messages.
• Email.
• Patient portals.
• Mobile applications.
• Secure messaging systems.
• Weave.
• HoloMD.
• Other communication technologies used by HBH.

6. Treatment Alternatives and Health Related Services

We may contact you regarding treatment options, follow up services, educational resources, wellness programs, and other health related services that may benefit your care.

7. Telehealth and Electronic Care Delivery

We may use secure telehealth, remote communication, patient engagement, monitoring, and care coordination technologies to provide treatment and communicate with you regarding your care.

8. Individuals Involved in Your Care

We may disclose PHI to family members, caregivers, personal representatives, guardians, health care agents, or others involved in your care or payment for your care when permitted by law.
If you are incapacitated or unable to make decisions, we may disclose information when we determine it is in your best interest and permitted by law.

E. ADDITIONAL USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may disclose PHI as required or permitted by federal, Georgia, or local law.
These disclosures include:

1. Public Health Activities
2. Child Abuse Reporting
3. Elder Abuse Reporting
4. Neglect Reporting
5. Health Oversight Activities
6. Audits and Investigations
7. Licensing and Regulatory Reviews
8. Judicial and Administrative Proceedings
9. Court Orders
10. Subpoenas
11. Law Enforcement Requests
12. Coroners and Medical Examiners
13. Funeral Directors
14. Organ and Tissue Donation Activities

15. Approved Research Activities
16. Serious Threats to Health or Safety
17. Workers' Compensation Claims
18. Military and National Security Activities
19. Correctional Institutions and Inmates
20. Communicable Disease Reporting
21. Other Disclosures Required by Law

F. MINIMUM NECESSARY STANDARD

When using, disclosing, or requesting PHI, we make reasonable efforts to limit information to the minimum necessary to accomplish the intended purpose, except where otherwise permitted or required by law.

G. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Except as otherwise permitted by law, we will obtain your written authorization before:

• Using or disclosing psychotherapy notes.
• Using or disclosing PHI for marketing purposes when authorization is required.
• Selling your PHI.
• Making uses or disclosures not otherwise described in this Notice.

You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance on the authorization.

H. SPECIAL PROTECTION FOR PSYCHOTHERAPY NOTES

Psychotherapy notes receive special protection under federal law.

When maintained, psychotherapy notes are generally kept separate from the medical record.

Except in limited circumstances authorized by law, we will obtain your written authorization before using or disclosing psychotherapy notes.

I. SENSITIVE HEALTH INFORMATION

Federal and Georgia law provide additional protections for certain types of information, including:

• Mental health records.
• Psychotherapy notes.
• Substance use disorder treatment information.
• HIV related information.
• Certain communicable disease information.
• Other specially protected records.

Additional restrictions may apply to the use and disclosure of such information.

J. SUBSTANCE USE DISORDER RECORDS

Certain substance use disorder treatment records may be protected by federal law, including 42 CFR Part 2, in addition to HIPAA and applicable Georgia law.

Additional restrictions may apply to the use and disclosure of these records.

K. BUSINESS ASSOCIATES

We may disclose PHI to business associates and service providers who perform functions on our behalf.

Examples include:

• Electronic health record vendors.
• Billing companies.
• Telehealth vendors.
• Patient communication platforms.
• Technology vendors.
• Data hosting providers.
• Legal counsel.
• Accountants.
• Consultants.
• Quality improvement organizations.

These entities are required by law and contract to safeguard your information.

L. YOUR RIGHTS REGARDING YOUR PHI

1. Right to Inspect and Obtain Copies

You have the right to inspect and obtain copies of PHI used to make decisions about you.

You may request:

• Paper copies.
• Electronic copies.
• Copies in a requested format when readily producible.

We generally respond within thirty (30) days as required by law.

Reasonable cost-based fees may apply.

2. Right to Direct Electronic Transmission

You have the right to direct us to transmit a copy of your PHI to another person or entity designated by you when your request is clear, conspicuous, and in writing.

3. Right to Request Confidential Communications

You may request communications through alternative means or at alternative locations.
We will accommodate reasonable requests when possible.

4. Right to Request Amendment

You may request correction or amendment of information you believe is incorrect or incomplete.
Requests must be submitted in writing.

5. Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your PHI.
One accounting during a twelve-month period is generally provided without charge.

6. Right to Request Restrictions

You may request restrictions on the use or disclosure of your PHI.
While we are not required to agree to every request, we will comply with requests not to disclose information to a health plan when:

- The service has been paid in full out of pocket.
- The disclosure is not otherwise required by law.

7. Right to Breach Notification

You have the right to receive written notification of breaches of unsecured PHI as required by law.

8. Right to Receive a Paper Copy

You may obtain a paper copy of this Notice at any time.

9. Right to File a Complaint

You may file a complaint with HBH or the U.S. Department of Health and Human Services if you believe your privacy rights have been violated.
We will not retaliate against you for filing a complaint.

M. MINOR PATIENTS

Certain Georgia laws may provide minors with privacy rights regarding behavioral health services, substance use disorder treatment, and other health care services.
Access to records may be restricted when required by applicable law.

N. ELECTRONIC COMMUNICATIONS

Electronic communications involve privacy and security risks despite reasonable safeguards.
If you choose to communicate with us electronically, request transmission of records electronically, or request use of unsecured communication methods, you acknowledge and accept those risks.

O. PATIENT PORTALS AND MOBILE APPLICATIONS

We may make portions of your health information available through secure patient portals, mobile applications, and other electronic systems designed to facilitate access to your care.

P. BREACH NOTIFICATION

In the event of a breach of unsecured PHI requiring notification under applicable law, we will provide notice as required by federal and state law.

Q. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time.
Any revised Notice will apply to all PHI we maintain.
Current versions will be posted in our offices and on our website.

R. NO WAIVER OF RIGHTS

We will never require you to waive your rights under HIPAA or applicable privacy laws as a condition of receiving treatment.

S. COMPLAINTS

If you believe your privacy rights have been violated, you may contact:
Privacy Officer
Horizon Behavioral Health, PC
508 North Main Street, Suite A
Hinesville, Georgia 31313
Phone: 912.785.2100
Email: privacy@hbhga.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

We will not retaliate against you for filing a complaint.