HIPAA
Notice of Privacy Practices

Effective as of April 14, 2003 - Revised September 10, 2026

Biologic Healthcare
205 Main Street, 3rd floor
Brattleboro, VT 05301
T: 802.275.4732 F: 802.275.4738
info@biologichealthcare.com

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.

This Notice of Privacy Practices (Notice) describes how Biologic Healthcare may use and disclose your Protected Health Information (PHI), our legal duties regarding your PHI, and your privacy rights. It applies to information created or received by BH, including information maintained electronically or in paper form.

This Notice is not an authorization. Your signature acknowledging receipt of this Notice does not authorize uses or disclosures that require a separate written authorization. Refusing to sign the acknowledgment does not prevent BH from using or disclosing PHI as permitted by law.

We may change this Notice from time to time. Any revised Notice will apply to all PHI we maintain and will be made available in our office and on our website. You may request a paper copy at any time.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your PHI without your written authorization when permitted or required by law, including for the following purposes:

Treatment
We may use and disclose PHI to provide, coordinate, or manage your healthcare, including sharing relevant information with other healthcare professionals involved in your care.

Payment
We may use and disclose PHI to bill and collect payment for services and to determine eligibility, benefits, or coverage.

Healthcare Operations
We may use and disclose PHI for activities necessary to operate and improve our practice, such as quality assessment, care coordination, credentialing, training, auditing, compliance, billing, business planning, and other healthcare operations permitted by law.

Appointment Reminders and Health-Related Communications
We may use PHI to contact you about appointments, prescription or refill matters, care coordination, treatment alternatives, and health-related benefits or services that may be of interest to you.

(continued)

People Involved in Your Care or Payment
Unless you object, we may disclose relevant PHI to a family member, close personal friend, or other person you identify who is involved in your care or payment for your care. We may also disclose relevant information to someone involved in your care when, in our professional judgment, it is appropriate.

Business Associates
We may disclose PHI to vendors, contractors, and other business associates that perform services for or on behalf of BH, such as billing, technology, accounting, legal, or other administrative services. Business associates are required to safeguard PHI as required by law and their agreements with BH.

Other Permitted or Required Uses and Disclosures
We may also use or disclose PHI when permitted or required by law, including for public health activities; reporting abuse, neglect, or domestic violence when required; health oversight; judicial or administrative proceedings; law enforcement; workers' compensation; coroners and medical examiners; organ and tissue donation; certain research; to avert a serious and imminent threat to health or safety; specialized government functions; and other purposes authorized or required by law.

Required by Law
We will disclose PHI when required by federal, state, or other applicable law. We may also disclose PHI to the U.S. Department of Health and Human Services when required to determine compliance with HIPAA.

Proof of Immunization
When permitted by law, we may disclose proof of immunization to a school with the required agreement or consent of a parent, guardian, or other authorized person, or of an adult or emancipated minor.

Incidental Disclosures
Reasonable incidental disclosures may occur as a result of otherwise permitted uses or disclosures. BH takes reasonable safeguards to limit such disclosures.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Certain uses and disclosures require your written authorization. These generally include:

- Most uses and disclosures of psychotherapy notes, except as otherwise permitted by law.
- Uses and disclosures of PHI for marketing when an authorization is required.
- Disclosures that constitute a sale of PHI.
- Other uses or disclosures for which federal or state law requires your authorization.

You may revoke an authorization in writing at any time, except to the extent BH has already relied on it. To revoke an authorization, contact the Privacy Officer at 802-275-4732 or in writing at the practice.

YOUR CHOICES

You may ask us to limit how we use or disclose your PHI, request confidential communications, and tell us how you prefer to be contacted. We will consider reasonable requests as required by law.

If you pay for a service or item entirely out of pocket and in full, you may request that we not disclose information about that service or item to your health plan for payment or healthcare operations, and BH will agree to the request unless disclosure is required by law.

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If BH participates in fundraising activities using your PHI, you will be given a clear opportunity to opt out of future fundraising communications.

SUBSTANCE USE DISORDER (SUD) RECORDS / 42 CFR PART 2

Certain substance use disorder (SUD) records may be protected by federal law under 42 CFR Part 2 in addition to HIPAA. If BH maintains records subject to Part 2, we will comply with the applicable Part 2 requirements.

When Part 2 applies, a patient may provide a single written consent for future uses and disclosures of Part 2 records for treatment, payment, and healthcare operations. Part 2 records received by a HIPAA-covered entity or business associate may generally be redisclosed as HIPAA permits, subject to Part 2 restrictions, including restrictions on use or disclosure in legal proceedings against the patient.

SUD counseling notes maintained separately from the medical record receive additional protection and require specific consent when applicable. Part 2 also provides specific protections and rights concerning fundraising, complaints, and disclosures.

If applicable state law provides greater privacy protection, BH will comply with the more protective requirement.

YOUR RIGHTS

Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your medical and billing records, subject to applicable law. You may request an electronic copy when the information is readily producible in the requested form. Reasonable, legally permitted fees may apply.

Right to Request an Amendment

You may request that BH amend health information you believe is incorrect or incomplete. If we deny the request, we will provide a written explanation and information about your rights to respond.

Right to an Accounting of Certain Disclosures

You may request an accounting of certain disclosures of your PHI made during the six years before your request, subject to legal exceptions. One accounting in a 12-month period is generally provided without charge; additional requests may be subject to a reasonable, cost-based fee.

Right to Receive Notice of a Breach

You have the right to be notified as required by law if a breach of your unsecured PHI occurs. When notification is required, BH will provide notice without unreasonable delay and no later than 60 days after discovery of the breach.

Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI. BH is not required to agree to most restrictions. We must agree to a request to restrict disclosure to a health plan for payment or healthcare operations when the information relates solely to a service or item you have paid for in full out of pocket, unless disclosure is otherwise required by law.

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Right to Request Confidential Communications
You may request that we communicate with you about your health information by a particular method or at a particular location. We will accommodate reasonable requests as required by law.

Right to Choose a Personal Representative
You may designate a personal representative who is legally authorized to act on your behalf regarding your health information. BH will verify the person's authority as required by law.

Right to a Paper Copy
You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Right to File a Complaint
You may file a complaint with BH or with the U.S. Department of Health and Human Services, Office for Civil Rights. BH will not retaliate against you for filing a complaint.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We are required to provide you with this Notice describing our legal duties and privacy practices.
- We will follow the terms of the Notice currently in effect.
- We will notify you as required by law if a breach occurs that compromises the privacy or security of your PHI.
- We will not use or disclose your PHI other than as described in this Notice or as otherwise permitted or required by law, unless you provide written authorization.

SPECIAL PROTECTIONS
Certain types of information may receive additional protection under federal or state law, including substance use disorder records, mental health information, psychotherapy notes, genetic information, and HIV-related information. When applicable, BH will comply with the additional legal requirements governing those records.

QUESTIONS OR COMPLAINTS
If you have questions about this Notice or believe your privacy rights have been violated, please contact our Privacy Officer:

Biologic Integrative Healthcare LLC / Biologic Healthcare
Privacy Officer
205 Main Street
Brattleboro, VT 05301
802-275-4732
info@biologichealthcare.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Current complaint information is available at https://www.hhs.gov/hipaa/filing-a-complaint/index.html or by calling 1-877-696-6775.

biologic HEALTHCARE

sensible approaches to your well-being