DOC BEE WELL — NOTICE OF PRIVACY PRACTICES V7.2

Effective date: 10/19/2026

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 applies to Pacific Northwest Kaizen, PLLC, doing business as Doc Bee Well, a physician-owned, virtual-first medical practice. It covers protected health information (PHI) that we maintain for our health care activities. PHI includes information that identifies you and relates to your health, care, or payment for care.

We keep a record of the health care we provide. You may ask to see or copy it, request a correction, and obtain more information by contacting our Privacy Contact below. We disclose your information only as you authorize or as the law permits or requires.

We must protect the privacy of your PHI, provide this Notice of our legal duties and privacy practices, follow the Notice in effect, and notify you following a breach of unsecured PHI as required by law.

1. HOW WE MAY USE AND SHARE YOUR INFORMATION

The following uses and disclosures are allowed only when HIPAA and other applicable laws permit them. More protective rules, including the special-record protections in sections 3 and 8, may require consent or limit a disclosure even when HIPAA would otherwise allow it.

Treatment. We may use and share information to provide, coordinate, or manage your care. For example, we may send information needed for your care to another treating clinician or a laboratory, pharmacy, imaging facility, specialist, or hospital. Independent providers receiving information to treat you are not our business associates merely because they receive that information; their own legal duties and privacy practices apply.

Payment. We may use and share information to collect payment, maintain billing records, process patient payments or refunds, and administer service or membership billing. For example, we may use information about your visit to prepare your bill. Doc Bee Well generally operates on a direct-pay basis for services identified as cash-pay. See section 5 for your right to restrict certain disclosures to a health plan when an item or service is paid for in full out of pocket.

Banks and payment processors acting solely to process ordinary financial transactions are not our business associates for that activity. Services beyond transferring or processing funds, such as billing or managing health information on our behalf, may create business-associate obligations. The applicable role depends on the service performed; this distinction does not authorize sharing unnecessary health details.

Health care operations. We may use and share information to operate the practice, including quality improvement, credentialing, licensing, auditing, security, legal services, training, and administration. For example, we may review care records to assess and improve the quality of our services.

Business associates. When a service provider creates, receives, maintains, or transmits PHI on our behalf in a role that makes it a business associate, HIPAA requires appropriate written privacy and security protections. We require those protections, including business-associate agreements when applicable. A vendor's name or access to information alone does not determine its role. This Notice does not give a vendor independent permission to use your PHI for its own advertising or other unrelated purposes.

Care communications. We may contact you about appointments, intake, scheduling changes, telehealth access, results, care coordination, and membership-related care or billing. We may also discuss treatment alternatives or health-related services when permitted by law. You may request confidential communication arrangements as explained below.

People involved in your care. When permitted by law, we may share information relevant to care or payment with family members, friends, or others you identify if you agree, have a chance to object and do not object, or the circumstances reasonably indicate your agreement. If you cannot express a choice, we may use professional judgment to share relevant information in your best interests when the law permits. Similar rules may allow limited information for disaster-relief coordination. More protective laws still apply.

2. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or share information for the following purposes only when the legal conditions for the particular disclosure are met:

• Public health, such as required disease reporting, product safety reporting, or preventing disease.

• Reporting suspected abuse, neglect, or domestic violence when permitted or required.

• Health oversight, including authorized licensing reviews, audits, and investigations.

• Judicial or administrative proceedings, including responses to court orders or other legal process that satisfy applicable requirements. A request or subpoena does not by itself override special federal or state protections.

• Law-enforcement purposes when disclosure is legally permitted or required.

• Coroners, medical examiners, and funeral directors performing authorized duties, and authorized organ or tissue donation activities.

• Workers' compensation and similar programs to the extent the law permits or requires.

• Preventing or lessening a serious and imminent threat to health or safety when legally permitted.

• Authorized military, national-security, correctional, and other specialized governmental functions.

• Research under an authorization or another legally permitted pathway, such as an approved waiver with required safeguards.

• Providing information to the U.S. Department of Health and Human Services when required for compliance review.

These categories do not authorize disclosures prohibited by Part 2, Washington law, or another controlling law.

3. AUTHORIZATION AND SPECIALLY PROTECTED RECORDS

Uses and disclosures not described in this Notice will be made only with your written authorization, unless otherwise required by law. Most uses or disclosures of psychotherapy notes, marketing uses or disclosures, and disclosures constituting a sale of PHI require authorization, subject to limited legal exceptions.

You may revoke your authorization in writing through our Privacy Contact. Revocation applies going forward; it cannot undo actions already taken in reliance on the authorization. We will explain any other applicable legal limit on revocation.

Further sharing by recipients. If information is lawfully disclosed to a recipient who is not subject to HIPAA for that information, the recipient may share it again and HIPAA may no longer protect it in that recipient's hands. Other protections, including applicable state law, contractual restrictions, and the Part 2 protections described below, may still apply. This explanation does not authorize a disclosure, waive your rights, or remove our duties. It does not mean that all information loses protection whenever it is shared.

Substance use disorder records protected by 42 CFR Part 2. Doc Bee Well does not provide substance use disorder diagnosis or treatment and may refer patients to appropriate services. Some substance use disorder records have additional federal protections. Not every mention of substance use in a medical record is a Part 2 record. If Doc Bee Well receives or maintains records protected by Part 2, we will apply those protections.

When we receive Part 2 records under a valid consent for treatment, payment, and health care operations, HIPAA may permit further uses and disclosures, subject to Part 2's continuing restrictions and other applicable law. A consent for those purposes does not authorize using the records against you in legal proceedings.

Part 2 records, and testimony describing their contents, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide the specific written consent required by Part 2 or a court issues an order meeting Part 2's requirements. The court-order process must provide the required notice and opportunity to be heard to you or the record holder. An order authorizing disclosure must also be accompanied by a subpoena or another legal requirement compelling disclosure. These protections also restrict use or disclosure for investigations against you as provided by Part 2. An ordinary subpoena alone is insufficient. Consent for such proceedings must be separate from consent for other uses or disclosures.

If Part 2 consent is required, it must meet that law's requirements; this Notice and its receipt acknowledgment are not that consent. Contact our Privacy Contact with questions about restrictions or revoking a consent.

4. YOUR PRIVACY RIGHTS AND HOW TO USE THEM

Contact our Privacy Contact by telephone, email, or mail for help exercising these rights. We may ask you to make certain requests in writing and verify your identity or authority. We will explain the process without imposing unreasonable barriers.

Access. You may request inspection or a copy of medical, billing, and other information in the records used to make decisions about you, subject to limited legal exceptions. Request your preferred format. We will provide an electronic copy when required and readily producible, or work with you on an acceptable alternative. Any fee must comply with applicable limits. If access is denied, we will explain the reason and any available review or complaint rights in writing.

For requests governed by Washington law, we respond as promptly as circumstances require and no later than 15 working days. If a permitted delay applies, we provide written reasons and a completion date no later than 21 working days after receipt. We also comply with HIPAA's applicable deadlines and any shorter controlling deadline. For other requests, HIPAA generally requires action within 30 calendar days, with only a permitted written extension.

Amendment. You may request in writing that inaccurate or incomplete information be corrected, stating the reason. We may deny a request on legally permitted grounds, but we will explain a denial and your right to add a statement of disagreement. Corrections and disagreements are added to the record without improperly erasing its history, and communicated to others as required. Where Washington law applies, we act promptly, no later than 10 days, or provide a permitted written delay with resolution no later than 21 days. HIPAA generally allows 60 days, with a permitted extension, but a shorter controlling state deadline applies.

Accounting of disclosures. You may request a list of disclosures covered by the accounting requirement during a period of up to six years before your request. Some disclosures, including most treatment, payment, and operations disclosures and disclosures you authorize, are excluded under HIPAA. The first accounting in a 12-month period is free. We will tell you in advance about any permitted charge for an additional accounting and let you withdraw or narrow your request. We ordinarily respond within 60 days, with only a legally permitted written extension. Additional rights under other applicable laws are preserved.

Confidential communications. You may ask us to contact you in a particular way or at another location. We will accommodate reasonable requests. You do not have to explain why you are requesting a confidential communication arrangement. We may ask how to contact you and, when appropriate, how payment will be handled. Our virtual-first model does not eliminate this right.

Restrictions. You may ask us to limit information used or shared for treatment, payment, operations, or with people involved in your care. We generally do not have to agree, except where the law requires agreement, including section 5. We will tell you whether we agree. A legally permitted emergency-treatment exception may apply to an agreed restriction.

Your representative. A person legally authorized to act for you may exercise applicable rights on your behalf. We verify that authority and its scope. Rules protecting minors' confidential care and exceptions involving abuse, neglect, or endangerment may limit representative access.

Copies of this Notice. You may ask for a paper copy at any time, even if you previously agreed to electronic delivery. You may also request an electronic copy or discuss the Notice with our Privacy Contact.

5. WHEN YOU PAY OUT OF POCKET IN FULL

If you or someone other than a health plan pays Doc Bee Well in full for a specific item or service, you may request that we not disclose information solely about that item or service to a health plan for payment or health care operations. We must honor a request meeting 45 CFR 164.522(a)(1)(vi), unless the disclosure is otherwise required by law.

Please contact us as early as possible so we can apply the restriction before disclosure. This is a practical request, not a rule that automatically eliminates your right if you ask after the visit. The restriction does not undo information already disclosed. Separate providers, such as laboratories or pharmacies, may need separate requests for their own records and services.

6. ELECTRONIC COMMUNICATIONS AND VIRTUAL CARE

We use electronic systems for scheduling, intake, telehealth, medical records, laboratory workflows, payment, and patient communication. Our practice email platform is Microsoft 365 (Outlook). Email is our preferred electronic channel when a communication may contain PHI. SMS may be used for concise reminders, logistics, links, and limited patient communications, subject to applicable law and your communication arrangements.

Electronic messages can carry privacy risks, including shared-device or account access, lock-screen previews, forwarding, and misdirected messages. Please keep contact details current and tell us about privacy concerns. We will work with you on reasonable confidential arrangements. A communication preference or acknowledgment of this Notice does not waive our legal duties or authorize otherwise prohibited disclosures.

7. TECHNOLOGY-ASSISTED OPERATIONS

We may use technology-assisted administrative or analytical tools for scheduling, workflow, quality review, documentation review, operational analysis, and physician decision support, subject to applicable privacy requirements. These tools do not replace the physician's clinical judgment and are not independent medical providers. Providers of these tools that handle PHI on our behalf in a business-associate role are subject to the applicable business-associate requirements described in section 1.

8. WASHINGTON AND OTHER STATE PROTECTIONS

We apply state or other laws that provide stronger privacy protections or otherwise control a disclosure. These rights are not limited to Washington residents; additional rights and limits may apply under the law governing your care and records, including other states' requirements for confidential services, authorization, access, and disclosure. For Washington records, mental health information and sexually transmitted disease information, including HIV-related information, have additional confidentiality rules. We obtain the authorization required by those rules unless a specific legal exception permits or requires disclosure. Where required, disclosures include a notice restricting further disclosure. A general release does not override a requirement for specific authorization.

We also apply relevant protections for confidential care obtained by minors and the limits on another person's access to those records.

Reproductive health and gender-affirming care information remains protected by HIPAA and applicable state law. Where Washington's protections for lawful protected health care

services apply, we will apply the relevant limits on disclosure and legal process. We do not treat a request from another state as automatic permission to disclose. These protections depend on the information, the services, and the applicable law; they are not an absolute promise that information can never be disclosed.

For Washington workers' compensation or occupational-health matters, information may be provided to the Department of Labor & Industries, a self-insured employer, or another authorized recipient when permitted or required by applicable law. This is not blanket access for an employer. Other states may have different workers' compensation, public-health, reporting, and privacy rules.

9. OUR RESPONSIBILITIES

We must maintain the privacy and security of PHI as required by law, follow the Notice currently in effect, and avoid uses or disclosures prohibited by applicable law. Following a breach of unsecured PHI, we will notify affected individuals without unreasonable delay and no later than 60 calendar days after discovery when HIPAA requires notice, subject to legally permitted exceptions or delays and any applicable shorter requirement.

We will not retaliate against you for exercising a privacy right or filing a complaint. Doc Bee Well does not use patient information for fundraising.

10. CHANGES TO THIS NOTICE

We may revise this Notice and, as permitted by law, apply the revised terms to information already held and information received later. We will identify the effective date, post the revised Notice at https://docbeewell.com/npp-privacy-practices, and make it available upon request. We will also provide or display it through patient-facing processes and at service locations as required. Electronic delivery will follow applicable requirements, and paper copies remain available. A change to this Notice does not authorize a disclosure forbidden by law.

11. QUESTIONS, REQUESTS, AND COMPLAINTS

Benjamin Fasbinder, DO, FAAFP

Designated Privacy Contact — Doc Bee Well

Pacific Northwest Kaizen, PLLC DBA Doc Bee Well

1201 Pacific Ave, Suite 646

Tacoma, WA 98402

Email: admin@docbeewell.com

Phone: 253-777-3919

You may contact us to discuss this Notice, exercise a right, or file a privacy complaint. Please explain your concern and how we can respond; ask us about a suitable method before sending sensitive information through ordinary email.

You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights, at https://www.hhs.gov/hipaa/filing-a-complaint/index.html, by calling 1-877-696-6775, or by writing to 200 Independence Avenue, S.W., Washington, DC 20201. You do not have to complain to us first. We will not retaliate.

12. ACKNOWLEDGMENT OF RECEIPT — SEPARATE FROM AUTHORIZATION

I acknowledge that I received the Doc Bee Well Notice of Privacy Practices, version V7.2, effective _____. My acknowledgment does not waive my rights and does not authorize uses or disclosures requiring a separate authorization or consent. I may request a paper copy.

Patient or authorized representative: _____

Signature or electronic acknowledgment: _____

Date: _____

Representative's authority, if applicable: _____

New Policy For Launch

Doc Bee Well

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Family Medicine Physician

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