effective 10/15/25

STATES OF WELLBEING

Your privacy is important to us!

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 to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will say "yes" to all reasonable requests.

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Your Rights *continued*

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 operations. • We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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 the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human

Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information • Most sharing of psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

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 doctor treating you for an injury asks another doctor about your overall health condition.*
Run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	***Example:*** *We use health information about you to manage your treatment and services.*

Bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** *We give information about you to your health insurance plan so it will pay for your services.*

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

This Notice of Privacy Practices applies to the following organizations: States of Wellbeing LLC

SMS/Text Messaging Privacy and Terms

States of Wellbeing LLC | Supplement to Notice of Privacy Practices

This section describes how States of Wellbeing LLC collects, uses, protects, and shares information associated with its SMS/text messaging program. It also provides the terms that apply when you agree to receive text messages from us.

Information we collect and how we use it

When you opt in to or exchange text messages with us, we may collect your mobile telephone number; your opt-in and opt-out choices; the date, time, and method of consent; message content and delivery information; and related contact or service information. We use this information to provide and administer text communications, document consent, honor your preferences, respond to you, support care and operations, maintain security, and comply with applicable law.

No sharing of SMS consent

No mobile opt-in information, phone number, or text-message consent will be shared with third parties or affiliates for their marketing or promotional purposes. We do not sell SMS opt-in information. We may disclose information to service providers that help us deliver and support text messages, but only as needed to provide those services and subject to appropriate confidentiality and data-protection obligations. We may also disclose information when required by law or as otherwise permitted by our Notice of Privacy Practices.

How we obtain consent

We obtain consent directly from the individual who will receive the messages. Depending on the type of message, consent may be provided in writing, such as through an optional website or paper form; verbally, such as during a telephone or in-person conversation; or when an individual texts us first and we respond to that conversation. We document consent when required. Consent to one message type does not authorize unrelated messages. Promotional or marketing text messages, if any, will be sent only with the recipient's prior express written consent as required by law.

Messages you may receive

If you consent to receive SMS messages from States of Wellbeing LLC, you may receive conversational or informational messages related to services you request, including appointment scheduling and reminders, care coordination, forms or document notices, account or billing updates, office information, and replies to your questions. We will not use SMS for a different campaign or message type without obtaining any consent required for that use.

SMS program disclosures

- Messaging frequency may vary based on your interactions and the services you receive.
- Message and data rates may apply according to your mobile carrier and plan.
- Reply **STOP** at any time to opt out. After we confirm your opt-out, no additional messages will be sent unless you later provide new consent or initiate a new conversation where a response is permitted.
- Reply **HELP** for assistance, or contact States of Wellbeing LLC using the contact information on our website.
- Consent to receive SMS messages is not a condition of receiving services. You may choose another available communication method.

Privacy and security

Text messaging may not always be secure, and messages may be visible to anyone with access to your device or mobile account. Please avoid sending sensitive information by text unless requested through an approved process. Our handling of protected health information remains subject to the Notice of Privacy Practices and applicable law.

Changes and questions

We may update this section from time to time. The revised version will apply when posted or otherwise made available. For privacy questions or concerns about SMS communications, contact States of Wellbeing LLC using the contact information on our website.