

# Privacy and HIPPA Policy/ Terms and Conditions 1-30-26

## Notice of Information/Privacy Practices

This "Notice of Information/Privacy Practices" is used to inform website visitors regarding our policies with the collection, use, and disclosure of Personal Information if anyone decided to use our Service.

If you choose to use our Service, then you agree to the collection and use of information in relation with this policy. The Personal Information that we collect are used for providing and improving the Service. We will not use or share your information with anyone except as described in this Privacy Policy.

### Information Collection and Use

For a better experience while using our Service, we may require you to provide us with certain personally identifiable information, including but not limited to your name, phone number, and postal address. The information that we collect will be used to contact or identify you.

**Text Messages.** I consent to receiving customer care-related text messages from Nash Research Group unless I request not to receive text messages. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages. Message frequency varies per user. Reply STOP to unsubscribe. Please note, that under HIPAA **texting is not a secure medium** to share Protected Health Information, so please keep this in mind when texting.

**Appointment Reminders.** We may use or disclose your PHI to provide you with appointment reminders including voicemail messages, postcards, electronic messages, text message (data rates may apply) or letters. We may contact you about possible treatment options or alternatives or other health related benefits that may be of service to you.

### Log Data

We want to inform you that whenever you visit our Service, we collect information that your browser sends to us that is called Log Data. This Log Data may include information such as your computer's Internet Protocol ("IP") address, browser version, pages of our Service that you visit, the time and date of your visit, the time spent on those pages, and other statistics.

### Cookies

Cookies are files with small amount of data that is commonly used an anonymous unique identifier. These are sent to your browser from the website that you visit and are stored on your computer's hard drive.

Our website uses these "cookies" to collection information and to improve our Service. You have the option to either accept or refuse these cookies, and know when a cookie is being sent to your computer. If you choose to refuse our cookies, you may not be able to use some portions of our Service.

### Service Providers

We may employ third-party companies and individuals due to the following reasons:

- To facilitate our Service;
- To provide the Service on our behalf;
- To perform Service-related services; or
- To assist us in analyzing how our Service is used.

We want to inform our Service users that these third parties have access to your Personal Information. The reason is to perform the tasks assigned to them on our behalf. However, they are obligated not to disclose or use the information for any other purpose.

## **Security**

We value your trust in providing us your Personal Information, thus we are striving to use commercially acceptable means of protecting it. But remember that no method of transmission over the internet, or method of electronic storage is 100% secure and reliable, and we cannot guarantee its absolute security.

## **Links to Other Sites**

Our Service may contain links to other sites. If you click on a third-party link, you will be directed to that site. Note that these external sites are not operated by us. Therefore, we strongly advise you to review the Privacy Policy of these websites. We have no control over, and assume no responsibility for the content, privacy policies, or practices of any third-party sites or services.

## **Changes to This Privacy Policy**

We may update our Privacy Policy from time to time. Thus, we advise you to review this page periodically for any changes. We will post any changes to the Privacy Policy on this page. These changes are effective immediately after they are posted.

## **Health Information**

Nash Research Group is committed to protecting your health information. We are required by the Federal Privacy Rule to protect your medical information (called “protected health information” or “PHI”), provide you with this Notice of Privacy Practices (the “Notice”) describing our legal duties and privacy practices, and abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and privacy policies, and to make the new terms applicable to all PHI we maintain. If we make a change to this Notice, we will provide the revised Notice on our website at: [www.nrgoh.com](http://www.nrgoh.com). In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, we can use PHI or disclose your PHI to others as described below.

**Uses and Disclosures for Treatment, Payment and Health Care Operations.** As your treating provider, we may use, disclose, or share your PHI for the purposes of treatment, payment and health care operations, without obtaining written authorization from you. To the extent required under the Federal Privacy Rule, we will use the minimum amount of your PHI necessary to perform these tasks. For Treatment. We may use and disclose your PHI in the course of managing or coordinating your treatment. For example, your PHI may be used and disclosed to coordinate and manage the activities of different health care providers who provide you with health care services.

**For Payment.** We may use and disclose your PHI as part of activities related to our payment for health care services. For example, we may disclose your PHI to your health plan in order to be reimbursed for services provided to you. We may also disclose your PHI to our business associates such as billing companies or claims processing companies.

**For Health Care Operations.** We may use and disclose your PHI as part of our general business operations. For example, we may disclose your PHI to audit claims processing and payment activities, for fraud and abuse detection activities, for compliance and risk management, for our management and administrative activities, for quality assessment and improvement activities, to review the qualifications and performance of health care professionals, for training, or for legal services.

**Other Uses and Disclosures for Which Authorization is Not Required.** In addition, we may use and disclose your PHI without your written authorization as described below:

**As Required by Law, Judicial or Law Enforcement Purposes.** We may use or disclose your PHI when required by law. We may disclose your PHI in judicial or administrative proceedings and in response to a subpoena or other legal process, if we are assured the requesting party made a good faith attempt to provide written notice of such disclosure to you. We may also disclose your PHI for law enforcement purposes.

**For Public Health Activities.** If appropriate, we may disclose your PHI to a public health authority in charge of collecting information regarding public health activities or risks which generally include preventing or controlling disease, reports of child abuse or neglect, reports of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or notification to an individual who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

**For Health Oversight Activities.** We may disclose your PHI to the government for oversight activities, such as audits, investigations, and other activities for monitoring the health care system, government programs, and compliance with civil rights laws.

**Research.** We will only use your information for research after taking certain steps as required by law to protect your privacy. Federal regulations permit the use or disclosure of your PHI for research with your authorization. If an Institutional Review Board or Privacy Board approves our programs and measures to protect your privacy, we may use your PHI for reviews preparatory to research, or for research on a decedent's information.

**Coroners; Organ Donation.** We may, in certain circumstances, disclose your PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law. We may also in certain circumstances disclose your PHI in connection with organ donation.

**Uses and Disclosures for Involvement in Your Care.** Unless you object, we may disclose your PHI to a family member, other relative, friend, or other person **you identify** as involved in your health care or payment for your health care. We may use or disclose information to family members or others involved in the care or payment for health care of individuals.

**To Avoid a Serious Threat to Health or Safety or in Disaster Relief Efforts.** We may use and disclose your PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public. We may also disclose your PHI to an organization assisting in disaster relief efforts so your family can be notified about your location, condition and status. If you do not want us to disclose information for disaster relief efforts, we will not do so unless we must respond in an emergency.

**Specialized Government Functions.** We may use and disclose PHI of military personnel and veterans under certain circumstances. We may also disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

**Workers' Compensation.** We may disclose your PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

**Correctional Institution.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official.

**Uses and Disclosures of PHI For Which Authorization is Required.** Other types of uses and disclosures of your PHI not described in the Notice will be made only with your written authorization, which you have the limited right to revoke in writing. We may not use and disclose your PHI for marketing purposes except in limited circumstances as authorized by law without your written authorization. We will not disclose your psychotherapy notes except in limited circumstances either with your written authorization or as applicable law permits. We will not sell your PHI unless we have your written authorization or applicable law permits.

**Personal Representative.** You may request that we disclose your PHI to your personal representative. A personal representative is an individual you designate to act on your behalf and make decisions about your medical care. If you want us to disclose your PHI to your personal representative, we may request that you provide us with a written statement giving Nash Research Group permission to release your PHI to your personal representative and document that this individual qualifies as your personal representative under state law.

**State or Federal Law.** State or Federal law may further limit the permissible ways we use or disclose your PHI. If an applicable State law or Federal law imposes stricter restrictions on us, we will comply with that law.

**Your Rights Regarding Your PHI.** You have the following rights regarding your PHI we maintain. We are not required to agree to a requested restriction except we must agree to a requested restriction of disclosure regarding your PHI to a health plan for payment purposes if the following conditions are met: (1) you have paid in full in advance for the associated treatment or services, (2) disclosure is not otherwise required by law and (3) you have made this request for restriction in writing when the services are performed. To exercise your rights, you must submit your request in writing to the Privacy Officer, Nash Research Group, 10401 Sawmill Parkway, Ste 50, Powell, OH 43065. The Privacy Officer will confirm all requirements are satisfied before accepting your request. Please note that if you are enrolled in a clinical trial, our research staff will counsel you regarding your request and any impact on your continued participation in a trial.

**Right to Request Restrictions.** You may request that we restrict certain uses and disclosures of your PHI relating to treatment, payment, health care operations, to those involved in your care, or regarding notification purposes. When requesting a restriction, please specify the following: (1) the PHI you want to restrict; and (2) how you want to restrict your PHI.

**Right to Request Confidential Communications.** You may request that we communicate with you in a certain manner. For instance, you may request that we send you follow-up information at your home address instead of using your work address. We will accommodate your reasonable written requests.

**Right to Inspect and Copy Your Records.** Generally, you have the right to inspect and obtain a copy of your PHI maintained in the designated record set (the "Record") by us. We will provide you a copy usually within thirty (30) days of your request. We will provide you access in the format requested, if we can readily do so. For instance, you can request a paper copy of your Record. If you ask for an electronic copy of your Record, we will provide an electronic copy in the format you request if possible. If we cannot provide the Record in the particular format, we will contact you to find another reasonable method. If you want a copy of your Record, we may charge you a reasonable fee to cover copying, postage, or other reasonable expenses with preparing your paper or electronic Record or summary for you. Please note that if you are enrolled in a trial, some records may not be available while the study continues.

**Right to Request Amendment.** If you believe that your PHI maintained in your Record by us contains an error, you have the right to request that we correct or supplement your Record. Your request must explain why you want to amend your record. If we deny your request, we will explain the reason for denial within sixty (60) days.

**Right to Accounting of Disclosures.** You generally have the right to request and receive a list of disclosures of your PHI we have made during the six (6) years prior to your request (but not before April 14, 2004). We will provide you a copy usually within sixty (60) days of your request. The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment, and health care operations; (iii) made to you; (iv) made to persons involved in your health care; (v) for national security or intelligence purposes; (vi) to correctional institutions or law enforcement officials; or (vii) of a limited data set. The first accounting request in a twelve (12) month period is free. For additional accounting requests within the twelve (12) month period, we may charge a reasonable cost-based fee.

**Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically. You also can review and print a copy of this Notice at our Web site via [www.nrgoh.com](http://www.nrgoh.com).

**Breach Notification.** We are committed to protecting your PHI. Please understand that if there is a breach of your PHI, we will contact you as required by law. We are required to notify affected individuals in the event there is a breach of unsecured protected health information.

**Tobacco-Free Environment:** Tobacco use of any kind is not allowed inside or outside of our facility.

**Personal Valuables:** NRG is not responsible for any lost, stolen, or damaged personal items.

**Nondiscrimination Statement:** NRG complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnicity, religion, culture, language, age, disability, socioeconomic status, sex, sexual orientation, and gender identity or expression in its health programs and activities.

**Complaints.** If you believe your privacy rights with respect to your PHI have been violated, you have the right to contact the Privacy Officer and submit a written complaint. We will not penalize you or retaliate against you for filing a complaint regarding our privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

**If you have any questions about this Notice.** Please contact our Privacy Officer at [hello@nrgoh.com](mailto:hello@nrgoh.com).