Privacy Policy

1. Introduction and Scope

ElectroCellz LLC ("ElectroCellz," "we," "us," or "our") protects the privacy of every patient, client, and website visitor we serve. This Privacy Policy explains what information we collect, how we use and share it, and the choices and rights you have.

ElectroCellz provides services in **Chandler, Arizona** and **Casa Grande, Arizona**. This policy applies to information collected:

- In person at our Chandler and Casa Grande locations
- By phone, text message, email, or fax
- Through our website, online forms, and patient portal (if applicable)
- From referring providers, insurers, and other health care partners

Where we act as a health care provider, your protected health information (PHI) is also governed by the Health Insurance Portability and Accountability Act (HIPAA) and our separate **Notice of Privacy Practices**. If this policy and the Notice of Privacy Practices conflict regarding PHI, the Notice of Privacy Practices controls.

2. Information We Collect

We collect only the information needed to provide safe, effective care and to run our business.

Category	Examples
Personal identifiers	Name, date of birth, address, phone number, email, emergency contact
Health information	Medical history, diagnoses, medications, treatment records, referral notes, device or therapy session records, test results
Insurance and payment	Insurance carrier, member ID, billing address, payment card details (processed by a secure third-party processor)
Communications	Appointment requests, messages, call recordings (if disclosed at the time of the call), survey responses
Website and technical	IP address, browser type, device information, pages visited, cookies

We receive information directly from you, from your authorized representative, and from referring physicians, hospitals, labs, and insurers involved in your care.

3. How We Use Your Information

We use your information for treatment, payment, and health care operations, as permitted by HIPAA.

- **Treatment:** to evaluate, deliver, and coordinate your care, including with your referring or primary providers.
- **Payment:** to verify insurance, obtain prior authorizations, submit claims, and collect payment.
- **Health care operations:** quality improvement, staff training, compliance audits, licensing, and accreditation.
- **Communications:** appointment reminders, scheduling updates, and care follow-up by phone, text, or email.
- **Legal and safety:** to comply with law, respond to lawful requests, and protect the health and safety of patients and staff.

We will obtain your written authorization before using PHI for any purpose not listed here, including marketing. You may revoke an authorization in writing at any time.

4. How We Share Your Information

ElectroCellz does not sell your personal or health information. We share it only as needed and only the minimum necessary.

- **Health care providers** involved in your care, including referring physicians and affiliated clinics.
- **Health plans and payers** to process claims and authorizations.
- **Business associates** such as billing companies, EHR and scheduling vendors, IT and cloud providers, and payment processors. Each signs a Business Associate Agreement requiring them to protect your information.
- **Family or caregivers** you identify, or in an emergency when you cannot agree.
- **As required by law,** including public health reporting, Arizona state agencies, court orders, subpoenas, and law enforcement requests that meet legal requirements.
- **Business transfers,** if ElectroCellz is merged, sold, or reorganized, subject to the same protections in this policy.

Specially protected records, such as substance use disorder records, behavioral health records, and HIV/communicable disease information, receive the additional protections required by federal and Arizona law.

5. Your Privacy Rights

You may exercise these rights by submitting a written request to our Privacy Officer (Section 7).

Right	What it means
Access	Inspect or receive a copy of your records, including electronic copies, generally within 30 days. A reasonable, cost-based fee may apply.
Amendment	Ask us to correct information you believe is

Right	What it means
	inaccurate or incomplete.
Accounting of disclosures	Receive a list of certain disclosures we made in the past 6 years.
Restrictions	Ask us to limit certain uses or disclosures. If you pay in full out of pocket, you may restrict disclosure to your health plan for that service.
Confidential communications	Ask us to contact you a specific way or at a specific address or number.
Paper copy	Request a paper copy of this policy or our Notice of Privacy Practices at any time.
Breach notification	Be notified if your unsecured PHI is involved in a breach.

Complaints. If you believe your privacy rights were violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights, at hhs.gov/ocr/complaints. We will not retaliate against you for filing a complaint.

6. Security, Retention, and Online Practices

Data security. We use administrative, physical, and technical safeguards, including role-based access, encryption, secure EHR systems, staff HIPAA training, and locked storage for paper records. No system is completely secure, but we work to prevent unauthorized access.

Record retention. We keep medical records as required by Arizona law (A.R.S. § 12-2297): for adults, at least 6 years after the last date of service; for minors, at least until age 24 or 6 years after the last service, whichever is later. Records are then securely destroyed.

Cookies and website analytics. Our website may use cookies and analytics tools to improve performance. We do not use tracking technologies to disclose PHI to third parties for advertising. You can disable cookies in your browser settings.

Text messages and email. By providing your phone number or email, you agree to receive appointment and care-related messages. Message and data rates may apply. Reply STOP to opt out of texts at any time. Standard email and text are not fully secure; tell us if you prefer another method.

Children's privacy. Information about patients under 18 is collected with the consent of a parent or legal guardian, who may exercise the rights in this policy on the minor's behalf.

7. Changes and Contact Information

We may update this policy. The current version and effective date will be posted at our locations and on our website, and a copy is available on request.

Privacy Officer: [Name] **ElectroCellz LLC**

Location	Address	Phone
Chandler, AZ	[Street address, Chandler, AZ ZIP]	[Phone]
Casa Grande, AZ	[Street address, Casa Grande, AZ ZIP]	[Phone]

Email: [privacy@electrocellz.com] Website: [www.electrocellz.com]

Effective date: [Month Day, 2026]

This policy is a template and should be reviewed by legal counsel before adoption.