DAKOTA ADULT & PEDIATRIC PSYCHIATRY, PC

NOTICE OF PRIVACY PRACTICES

4541 52nd Avenue South, Suite 100
Fargo, North Dakota 58104
Telephone: 701-552-6578

Effective Date: November 1, 2026

Your Information. Your Rights. Our Responsibilities.

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.

Dakota Adult & Pediatric Psychiatry, PC is committed to protecting the privacy and confidentiality of your medical information. We are required by federal and state law to maintain the privacy and security of your protected health information (PHI), provide you with this Notice of Privacy Practices, and comply with the terms of the notice currently in effect. This notice explains your rights, our responsibilities, and how your health information may be used or disclosed.

1. YOUR RIGHTS

You have certain rights regarding your protected health information.

Obtain a Copy of Your Medical Record

You may request to inspect or obtain an electronic or paper copy of your medical record and other health information maintained in our designated record set. We will generally provide the requested information within 30 days, subject to legally permitted extensions and exceptions. We may charge a reasonable, cost-based fee as permitted by law. Certain information, including separately maintained psychotherapy notes, may be excluded from the right of access under HIPAA.

Request Corrections to Your Medical Record

You may request that we amend information in your medical record that you believe is incorrect or incomplete. We may deny your request in circumstances permitted by law. If we deny your request, we will explain the reason in writing, generally within 60 days, subject to applicable extensions.

Request Confidential Communications

You may request that we communicate with you through alternative methods or at alternative locations, such as a specific telephone number, mailing address, or our secure patient portal. We will accommodate reasonable requests as required by law.

Request Restrictions on Disclosures

You may ask us not to use or disclose certain health information for treatment, payment, or healthcare operations. We are generally not required to agree to these restrictions, except when required by law. If you pay for a healthcare service in full out of pocket, you may request that information relating solely to that service not be disclosed to your health plan for payment or healthcare operations. We will honor that request unless disclosure is required by law.

Obtain an Accounting of Disclosures

You may request an accounting of certain disclosures of your protected health information made during the preceding six years. Certain disclosures, including many disclosures for treatment, payment, and healthcare operations, are excluded from this accounting. One accounting during a 12-month period will be provided without charge. Additional requests may be subject to a reasonable, cost-based fee.

Obtain a Paper Copy of This Notice

You may request a paper copy of this Notice of Privacy Practices at any time, even if you previously received it electronically.

Designate a Personal Representative

An individual legally authorized to act on your behalf, such as a healthcare agent or legal guardian, may exercise your privacy rights when permitted by law. We may require verification of that individual's legal authority.

File a Privacy Complaint

You may file a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

2. YOUR CHOICES

You have choices regarding certain uses and disclosures of your health information.

Family Members and Others Involved in Your Care

When permitted by law, we may share information relevant to your care or payment for your care with family members, close friends, or other individuals involved in your treatment.

You may inform us of your preferences regarding these disclosures. If you are unable to communicate your preferences, we may disclose relevant information when permitted by law and when we determine that doing so is in your best interest. Additional confidentiality restrictions may apply to psychiatric records, psychotherapy notes, substance use disorder records, and information involving minors.

Marketing and Sale of Information

We will not use or disclose your protected health information for marketing purposes requiring authorization, or sell your protected health information, without obtaining the written authorization required by law.

Psychotherapy Notes

Most uses and disclosures of psychotherapy notes, as specifically defined under HIPAA, require written authorization, subject to limited exceptions. Psychotherapy notes are separately maintained notes documenting or analyzing the contents of a private, group, joint, or family counseling session. Routine psychiatric progress notes, medication management documentation, diagnoses, treatment plans, and other information excluded from the HIPAA definition are not considered psychotherapy notes merely because they contain mental health information.

Revocation of Authorization

You may revoke a written authorization at any time by submitting a written request to our office. Revocation will not affect actions already taken in reliance on your previous authorization.

3. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Federal law generally permits us to use and disclose your protected health information for treatment, payment, and healthcare operations without obtaining your written authorization, except where additional legal protections apply.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your healthcare.

Examples include: 1) Communicating with your primary care physician, psychiatrist, therapist, or other healthcare providers involved in your treatment. 2) Obtaining or reviewing medical records, laboratory results, and medication histories. 3) Coordinating referrals to specialists or other treatment facilities. 4) Communicating with pharmacies regarding prescriptions.

Payment

We may use and disclose your health information to obtain payment for healthcare services. Examples include: 1) Submitting claims to insurance companies. 2) Verifying insurance eligibility and benefits. 3) Obtaining prior authorizations. 4) Conducting billing and collection activities. 4) Responding to payment inquiries or disputes.

Healthcare Operations

We may use and disclose health information for activities necessary to operate our practice. Examples include: 1) Quality assessment and improvement. 2) Staff training and supervision. 3) Compliance reviews and audits. 4) Administrative and financial management. 5) Business management and patient services.

We may disclose protected health information to business associates performing services on our behalf when appropriate privacy and security safeguards are in place.

4. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose protected health information without your written authorization in certain circumstances permitted or required by federal or state law. These may include:

Public Health Activities: Reporting information to public health authorities for legally authorized purposes, including disease prevention and medication safety.

Abuse, Neglect, or Domestic Violence: Reporting suspected abuse or neglect to appropriate authorities when required or permitted by law.

Health Oversight Activities: Providing information to authorized agencies conducting audits, investigations, inspections, or licensing activities.

Judicial and Administrative Proceedings: Responding to lawful court orders, subpoenas, or other legal processes when applicable legal requirements are satisfied.

Law Enforcement: Disclosing information to law enforcement officials when specifically permitted or required by law.

Serious Threats to Health or Safety: Disclosing information when permitted by law to prevent or lessen a serious and imminent threat to an individual's or the public's health or safety.

Coroners, Medical Examiners, and Funeral Directors: Disclosing information for legally authorized purposes.

Organ and Tissue Donation: Disclosing information to organ procurement organizations when permitted by law.

Workers' Compensation: Disclosing information as authorized by applicable workers' compensation laws.

Research: Using or disclosing information for research when applicable privacy and research requirements are satisfied.

Government Functions: Disclosing information for certain military, national security, or other legally authorized government activities.

Other Legal Requirements: Disclosing information when otherwise required by federal or state law.

Psychiatric records, psychotherapy notes, substance use disorder records, and information concerning minors may be subject to additional confidentiality protections. We will comply with applicable federal and North Dakota laws.

5. SUBSTANCE USE DISORDER RECORDS — 42 CFR PART 2

Certain records relating to substance use disorder diagnosis, treatment, or referral may receive additional confidentiality protections under federal law, including 42 CFR Part 2. Dakota Adult & Pediatric Psychiatry, PC primarily provides psychiatric treatment, including care for patients who may have co-occurring substance use disorders. When our practice maintains records protected by 42 CFR Part 2, we will use and disclose those records in accordance with applicable federal requirements. Where permitted, qualifying Part 2 records may be used or disclosed for treatment, payment, and healthcare operations pursuant to valid patient consent and applicable law. Part 2-protected records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against a patient without the patient's specific written consent or the court authorization and legal process required by federal law. Certain Part 2 records may be redisclosed by HIPAA-covered recipients as permitted by applicable regulations. However, the special restrictions on their use in legal proceedings against a patient continue to apply. Separately maintained substance use disorder counseling notes may require additional consent. Where applicable, patients will receive the required opportunity to opt out of fundraising communications involving their Part 2 information.

6. PRIVACY RIGHTS OF MINOR PATIENTS

Parents and legal guardians generally may exercise privacy rights on behalf of their minor children when permitted by law. However, certain healthcare information involving minors may receive additional confidentiality protections under federal or North Dakota law. In

some circumstances, a minor may be legally authorized to consent to particular healthcare services without parental authorization, and parental access to related records may be limited. We will evaluate requests for access to a minor patient's health information in accordance with applicable law and the circumstances of the request.

7. APPOINTMENT REMINDERS AND HEALTHCARE COMMUNICATIONS

We may contact you by telephone, voicemail, mail, email, text message, secure patient portal, or other appropriate communication methods for purposes related to your healthcare. These communications may include: 1) Appointment reminders and scheduling information. 2) Appointment cancellations or rescheduling. 3) Information about treatment alternatives. 4) Healthcare-related benefits or services. 5) Other administrative matters related to your care.

You may request reasonable alternative communication methods or locations to protect your privacy.

8. OUR RESPONSIBILITIES

Dakota Adult & Pediatric Psychiatry, PC is required by law to: Maintain the privacy and security of protected health information, Provide patients with this Notice of Privacy Practices, Comply with the terms of the notice currently in effect, Notify affected individuals following a breach of unsecured protected health information when required by law, Respect applicable patient privacy rights, Comply with applicable federal and state confidentiality requirements, Obtain written authorization for uses and disclosures requiring authorization. We will not use or disclose your protected health information for purposes other than those described in this notice unless permitted or required by law or authorized by you in writing.

9. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and make revised provisions effective for all protected health information we maintain, as permitted by law. When material changes are made, we will update the notice and make the revised version available in accordance with applicable requirements. The current notice will be available at our office, on our website, and upon request.

10. QUESTIONS AND PRIVACY COMPLAINTS

If you have questions about this notice, wish to exercise your privacy rights, or believe your privacy rights have been violated, please contact:

Privacy Officer
Dakota Adult & Pediatric Psychiatry, PC
4541 52nd Avenue South, Suite 100
Fargo, ND 58104
Telephone: 701-552-6578

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue SW
Washington, DC 20201
Telephone: 1-877-696-6775
Website: https://www.hhs.gov/hipaa/filing-a-complaint/

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

ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices

Dakota Adult & Pediatric Psychiatry, PC

I acknowledge that I have received or have been offered a copy of Dakota Adult & Pediatric Psychiatry, PC's Notice of Privacy Practices.

I understand that the notice explains how my protected health information may be used and disclosed and describes my rights regarding that information.

I understand that I may request another copy of the notice at any time.

Signing this acknowledgment does not constitute authorization for uses or disclosures that require separate written authorization.

Patient Name: _____

Date of Birth: _____

Parent or Legal Guardian (if applicable):

Relationship to Patient: _____

Signature: _____

Date: _____

For Office Use Only

If acknowledgment could not be obtained, document the good-faith effort:

Reason acknowledgment was not obtained:

Staff Name: _____

Date: _____