

Notice of Privacy Practices

Your Information Your Rights Our Responsibilities

Effective date: September 16, 2026

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Your Rights

You have the right to:

- Inspect or obtain an electronic or paper copy of your medical record and other health information we maintain about you.
- Ask us to correct health information you believe is incorrect or incomplete.
- Request that we contact you in a specific way or at a different address.
- Ask us to limit certain uses or disclosures of your information.
- Receive an accounting of certain disclosures made during the six years before your request.
- Receive a paper copy of this notice at any time.
- Choose a personal representative to act for you when that person has legal authority.
- File a complaint if you believe your privacy rights have been violated.

How to Exercise Your Rights

Access your record

Ask us how to inspect or receive a copy of your record. We generally will provide a copy or summary within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by law.

Request a correction

You may ask us in writing to correct information that you believe is inaccurate or incomplete. We may deny the request, but we will explain the reason in writing within 60 days.

Request confidential communications

You may ask us to contact you by a particular method or at a particular location. We will accommodate reasonable requests.

Request restrictions

You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay for a service in full out of pocket, you may ask us not to disclose that service to a health plan for payment or operations purposes unless disclosure is required by law.

Request an accounting of disclosures

You may request a list of certain disclosures made during the prior six years. The list will not include disclosures for treatment, payment, health care operations, disclosures you authorized, and certain other

disclosures. One accounting in a 12-month period is free; a reasonable, cost-based fee may apply to additional requests.

Your Choices

In certain situations, you may tell us how you want your information shared. These situations may include sharing information with family members, close friends, others involved in your care or payment, or disaster-relief organizations. If you cannot express a preference, we may share information when we believe it is in your best interest and permitted by law.

We will obtain your written authorization before using or disclosing your information for most marketing activities, selling your information, or most disclosures of psychotherapy notes. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

How We May Use and Disclose Your Information

Treatment

We may use and share your information to provide, coordinate, or manage your care and to consult with other health care professionals involved in your treatment.

Health care operations

We may use and share your information to operate the practice, improve quality, train staff, manage risk, conduct audits, and evaluate services.

Payment

We may use and share information to collect payment, process transactions, and communicate about amounts due, even though the practice is self-pay.

Public health and safety

We may disclose information for legally authorized activities such as preventing disease, reporting adverse events, reporting suspected abuse or neglect, or reducing a serious threat to health or safety.

Legal requirements

We may disclose information when federal or state law requires it, including to health oversight agencies and the U.S. Department of Health and Human Services.

Research

We may use or disclose information for research only when applicable legal requirements are satisfied.

Workers compensation and government requests

We may disclose information for workers compensation, law enforcement, health oversight, military, national security, and other government functions as authorized by law.

Judicial and administrative proceedings

We may disclose information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Decedents and donation

We may disclose information to coroners, medical examiners, funeral directors, and organ procurement organizations as permitted by law.

Sensitive Information and Additional Protections

Some categories of information, including certain mental health, substance use disorder, HIV, genetic, and reproductive health information, may receive additional protection under federal or state law. We will follow any law that provides greater privacy protection than this notice.

To the extent we maintain substance use disorder patient records protected by 42 CFR Part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and subpoena, as applicable.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 the notice currently in effect.
- We will not use or disclose your information other than as described here unless you authorize us in writing or the law permits or requires it.

Changes to This Notice

We may change this notice, and the revised notice may apply to information we already maintain as well as information we receive in the future. The current notice will be available upon request and on our website.

Questions or Complaints

Contact Sherria Lawhorn, MSN, APRN, FNP-BC, Privacy Officer, at 770-755-4179, contact@nexxusclinic.com, or 1575 Lawrenceville Highway, Suite K #149, Lawrenceville, GA 30044. We will not retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/>.

Practice Contact Information

Nexus Pathway to Recovery Center, LLC
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Email: contact@nexxusclinic.com
Privacy Officer: Sherria Lawhorn, MSN, APRN, FNP-BC