



Opollo Health And Wellness

OPOLLO HEALTH AND WELLNESS, LLC

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LANHAM, MD 20720

EFFECTIVE DATE OF THIS NOTICE

UPDATED April 9, 2026

NOTICE OF PRIVACY PRACTICES

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

OUR PLEDGE

Opollo Health and Wellness, LLC is committed to protecting your privacy and safeguarding your personal and health information. This Privacy Policy explains how we collect, use, disclose, and protect your information when you access or use our website, services, and related applications (collectively, the “Services”). Our Services include psychiatric care and medical weight loss programs, including GLP-1-based treatments, and may involve the collection of sensitive personal and health information. By using our Services, you agree to the terms of this Privacy Policy.



Opollo Health And Wellness

INFORMATION WE COLLECT

We collect various types of information to provide and improve our Services. This includes personal information such as your full name, email address, phone number, mailing or billing address, date of birth, and account login credentials. Because we provide medical and mental health services, we may also collect health and medical information, including medical history, mental health information, medication history (including GLP-1 treatments), treatment plans, provider notes, and intake assessments.

In addition, we collect payment and billing information, such as credit or debit card details and transaction history, which may be processed through third-party payment processors. We also automatically collect certain technical information when you use our Services, including your IP address, browser type, device information, pages visited, and interactions with our website through cookies and similar tracking technologies.

HOW WE MAY USE YOUR INFORMATION

We use your information to deliver and manage our Services, including providing psychiatric care and weight loss treatment, developing personalized treatment plans, and facilitating communication between you and healthcare providers. Your information is also used to process payments, manage user accounts, send appointment reminders and service updates, improve our website functionality, ensure security, prevent fraud, and comply with applicable legal and regulatory requirements.



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HEALTH INFORMATION AND HIPAA COMPLIANCE

Because we provide healthcare services, we may be subject to the Health Insurance Portability and Accountability Act (HIPAA). Where applicable, your Protected Health Information (PHI) is handled in accordance with HIPAA requirements. We implement appropriate administrative, physical, and technical safeguards to protect your health information and only use or disclose it as permitted or required by law. In some cases, you may also be provided with a separate Notice of Privacy Practices that describes how your medical information may be used and disclosed.

SHARING OF INFORMATION

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment: Your PHI may be used and disclosed by those involved in your care to provide, coordinate, or manage your healthcare treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Your provider may disclose PHI to any other consultant only with your authorization.

For Payment: Your provider may use and disclose PHI so that he or she can receive payment for the treatment services provided to you. Examples of payment-related activities: Deciding on eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to a lack of payment for services, only disclose the minimum amount of PHI necessary for collection.



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For Health Care Operations: Your provider may use or disclose, as needed, your PHI to support business activities, including, but not limited to, quality assessment activities, licensing, and conducting or arranging other business activities. For example, your PHI may be shared with third parties that perform various business activities, provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. Your PHI may be used to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services.

Required by Law: Under the law, your provider must make disclosures of your PHI to you upon your request. In addition, disclosures must be made to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining compliance with the requirements of the Privacy Rule.

Without Authorization: Applicable law and ethical standards permit your provider to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect, or elder abuse, or mandatory government agency audits or investigations.
- Required by Court Order
- Necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat, it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: Your provider may use or disclose your information to family members who are directly involved in your treatment with your verbal permission.



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With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI maintained about you. To exercise any of these rights, please submit your request in writing to your provider:

Right of Access to Inspect and Copy. In most cases, you have the right to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. Your provider may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI your provider has about you is incorrect or incomplete, you may ask for it to be amended, although your provider is not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures that your provider makes of your PHI. Your provider may charge you a reasonable fee if you request more than one accounting in any 12 months.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or healthcare operations. Your provider is not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that your provider communicate with you about medical matters in a certain way or at a certain location.



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Right to a copy of the Notice: You may ask your provider for a paper copy of this notice at any time.

DATA SECURITY

We take data security seriously and implement industry-standard measures to protect your information. These measures include encryption, secure servers, and restricted access to sensitive data. Despite these efforts, no method of transmission over the internet or electronic storage is completely secure, and we cannot guarantee absolute security.

DATA RETENTION

We retain your personal and health information for as long as necessary to provide our Services, comply with legal and regulatory requirements, maintain medical records, resolve disputes, and enforce our agreements. The length of time we retain information may vary depending on the nature of the data and applicable legal obligations.

CHANGES TO THIS PRIVACY POLICY

We may update this Privacy Policy from time to time to reflect changes in our practices, technology, or legal requirements. When updates are made, we will revise the effective date and post the updated policy on our website



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SMS COMMUNICATION AND MOBILE CONSENT

We respect your privacy and confidentiality. Mobile opt-in data, SMS consent, and phone numbers collected for SMS communication purposes will **not be shared, sold, rented, or disclosed to any third parties or affiliates for marketing purposes.**

COMPLAINTS

If you believe that your privacy rights have been violated or have concerns about how your personal or health information has been handled, you may also file a complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights, without fear of retaliation. Filing a complaint will not affect the quality of care or services you receive from us.

CONSENT

By accessing or using our Services, you acknowledge that you have read, understood, and agree to this Privacy Policy.