

OSTEOPATHY CHICAGO, LTD.

Dr. Dane J. Shepherd DO
Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES (“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.

Effective Date: February 16, 2026

WHO WE ARE

Osteopathy Chicago, LTD provides medical care including screening and treatment for substance use disorder (SUD) and refers patients to outside SUD treatment providers, including federally assisted programs. This Notice explains how we may use and disclose your protected health information (PHI), your rights under federal law, and our legal duties. It also describes additional confidentiality protections that may apply to SUD records under **42 C.F.R. Part 2** and certain Illinois laws.

This Notice is available in alternative formats and in other languages upon request. If you need an alternative format or language assistance, contact our Privacy Manager.

You have the right to see and get copies of your medical records, request corrections, ask us to limit sharing of your information, request confidential communications, and file a complaint if you believe your privacy rights were violated.

WHY THIS NOTICE HAS BEEN UPDATED

Federal rules require covered health care providers to update their Notice of Privacy Practices to include information about confidentiality protections for SUD patient records under 42 C.F.R. Part 2 by **February 16, 2026**.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices.
- We must follow the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain. If we change this Notice, we will post the revised Notice in our office and on our website and make copies available upon request.
- The updates to Part 2 and the HIPAA NPP alignment affect how SUD records are handled and require covered entities to clearly describe those protections in their NPPs.

Osteopathy Chicago, LTD provides medical care including screening and treatment for substance use disorder (SUD) and refers patients to outside SUD treatment providers, including federally assisted

programs. This Notice explains how we may use and disclose your protected health information (PHI), your rights under federal law, and our legal duties.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose PHI for the following purposes. Not every use or disclosure in a category is listed.

- **Treatment** — To provide, coordinate, or manage your health care and related services. Example: sharing information with other health care providers involved in your care.
- **Payment** — To obtain payment for health care services. Example: submitting claims to your health plan.
- **Health Care Operations** — For quality assessment, training, business management, and related operations.
- **Appointment Reminders and Health Information** — To remind you of appointments or provide information about treatment alternatives or health-related benefits and services.
- **As Required by Law** — When required by federal, state, or local law.
- **Public Health and Safety** — For public health activities, reporting abuse or neglect, or to prevent a serious threat to health or safety.
- **Law Enforcement and Judicial Proceedings** — In response to court orders, subpoenas, or other legal processes as permitted by law.
- **Workers' Compensation** — As authorized by workers' compensation laws.

See the Substance Use Disorder Records section below for additional confidentiality protections that may apply to SUD treatment records.

SUBSTANCE USE DISORDER RECORDS AND 42 C.F.R. PART 2 PROTECTIONS

Some SUD treatment records are subject to additional federal confidentiality protections under 42 C.F.R. Part 2. These Part 2 records may not be disclosed without your written consent except in limited circumstances described by law. Recipients of Part 2 records may be prohibited from redisclosing them without your written authorization.

- **When Part 2 applies** — Part 2 protections apply to records created by a federally assisted SUD program and to certain SUD treatment information. Because Osteopathy Chicago, LTD both provides SUD services and refers patients to SUD providers (including federally assisted programs), Part 2 may apply to some records we create or receive.
- **How we share SUD information** — We may share SUD information for treatment, payment, or health care operations when permitted by law or with your written authorization. When we refer you to another SUD provider, that provider may create Part 2 records and will provide its own confidentiality notice.
- **Redisclosure limits** — If we disclose Part 2 SUD records to another party, that party may be prohibited from redisclosing those records without your written authorization. This redisclosure rule differs from standard HIPAA redisclosure rules. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure unless permitted by the Part 2 rules.
- **Emergency and limited exceptions** — Part 2 and HIPAA each contain limited exceptions for disclosures without consent (for example, medical emergencies, certain court orders, or reporting of child abuse). We will follow the law that applies in each situation.

- **REDISCLASURE WARNING (Required by Federal Law)**

“This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient

YOUR RIGHTS REGARDING PHI

To exercise any of these rights, contact our Privacy Manager using the contact information below.

- **Right to Inspect and Copy** — You may request access to inspect or obtain a copy of your PHI, subject to limited exceptions.
- **Right to Request Amendment** — You may request that we amend your PHI if you believe it is incorrect or incomplete.
- **Right to Request Restrictions** — You may request restrictions on certain uses and disclosures of your PHI, including SUD information. Submit a written request to our Privacy Manager. We will review requests consistent with HIPAA and Part 2 and will inform you whether the restriction is accepted. If you request that we not disclose PHI to a health plan for payment or health care operations and the disclosure is not required by law, we will comply if you paid out of pocket in full for the item or service.
- **Right to Confidential Communications** — You may request that we communicate with you by alternative means or at alternative locations; we will accommodate reasonable requests.
- **Right to an Accounting of Disclosures** — You may request an accounting of certain disclosures of your PHI. Requests related to SUD records may be subject to additional Part 2 requirements.
- **Right to a Paper Copy of This Notice** — You may request and receive a paper copy of this Notice even if you agreed to receive it electronically.

MINORS' RIGHTS

Under Illinois law, minors may consent to certain services, including sexual health services, certain mental health services, and substance use treatment. Where minors lawfully consent, confidentiality protections may apply.

HOW TO REQUEST EXERCISE OF RIGHTS

Submit requests in writing to our Privacy Manager at the address below or call the office phone number for assistance. We will provide instructions and forms as needed to process your request.

Mailing address for written requests:

Osteopathy Chicago, LTD

Attn: Privacy Manager — Angela Shepherd

333 E. Route 83, Suite 106 Mundelein, IL 60060

AUTHORIZATIONS AND REVOCATION

For uses and disclosures not described above, we will obtain your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it. We will not use or disclose your protected health information for marketing purposes or sell your protected health

information without your written authorization. Most uses and disclosures of psychotherapy notes require your written authorization.

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

BUSINESS ASSOCIATES AND VENDORS

We may disclose PHI to business associates who perform services for us (for example, billing, IT, or referral coordination). We require business associates to protect PHI and to use or disclose it only as permitted by our agreement and the law. For SUD records subject to Part 2, we will ensure that disclosures to vendors comply with Part 2 requirements.

STATE LAW AND ADDITIONAL PROTECTIONS

Illinois law may provide additional privacy protections for certain types of health information. When state law is more protective than federal law, we will follow the state law. Illinois law provides additional protections for certain types of health information, including mental health records, HIV/AIDS information, genetic testing, and reproductive health information. We will follow the more protective law when it applies.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Manager or with the U.S. Department of Health and Human Services, Office for Civil Rights. Filing a complaint will not affect your care. The February 16, 2026 updates to NPP content and Part 2 alignment are subject to OCR oversight and enforcement.

Privacy Manager: Angela Shepherd

Office phone: 312.782.9153

Website: www.osteopathychicago.com

RECORDKEEPING AND DISTRIBUTION

We will post this Notice in our office and on our website. We will provide a copy to new patients at first service and make it available to existing patients upon request. We will document and retain records of disclosures, authorizations, and requests as required by law and will keep records showing when this Notice was distributed and when staff training on the Notice occurred.

UNDERSTANDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. Each time you visit a hospital, physician, or other health care provider, they document information about you and your visit. Typically, this record contains, among other information, your name, symptoms, health history, examination and test results, diagnoses, current and future treatment, and billing-related information (“Medical Information”). This Medical Information is used to provide you with quality care and to comply with certain legal requirements. This Notice will tell you how we may use and disclose Medical Information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your Medical Information.

We are required by law to:

- Maintain the privacy of your Medical Information.
- Provide you with this Notice of our legal duties and privacy practices with respect to information we collect and maintain about you.

- Follow the terms of this Notice or a Notice that is in effect at the time Advocate Health Care uses or discloses your Medical Information.
- We are required by law to notify you following a breach of your unsecured protected health information

USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

The following categories describe different ways in which we may use and disclose your Medical Information. With respect to use and disclosure of your Medical Information for Treatment, Payment and Health Care Operations, we may share your Medical Information with any of the entities referenced in this Notice, or any physician or other health care provider as allowed by law.

For Treatment. We may use your Medical Information to provide, coordinate or manage your medical treatment and related services. Your Medical Information can be shared with physicians, nurses, technicians and others involved in your care and these individuals will collect and document information about you in your medical record. To assure immediate continuity of care, we may disclose information to a physician or other health care provider who will be assuming your care. For example, different departments may share your Medical Information to coordinate the different services you may need such as prescriptions, lab work, meals and X-rays or other diagnostic tests.

For Payment. We may use and disclose your Medical Information so that the treatments and services you receive may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give information about the health care you received to your health plan so your health plan will pay us or reimburse you for the care. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. If you pay for a service or item out-of-pocket in full, you may request that we not disclose that information to your health plan, and we must agree unless disclosure is required by law.

For Health Care Operations. We may use and disclose your Medical Information in connection with our health care operations including, but not limited to the following:

- Quality assessment and improvement activities.
- Related functions that do not include treatment.
- Competence or qualification reviews of health care professionals.
- Training programs, accreditation, certification, licensing or credentialing activities.

Individuals Involved in Your Care or Payment for Your Care. We may disclose the minimum necessary Medical Information about you to a family member, other relative, close personal friend or any other person you identify who is involved in your medical care. We also may disclose the minimum necessary information to someone who helps pay for your care. In an emergency or other situation where you are not able to identify your chosen person(s) to receive communications about you, we may exercise our professional judgment to determine whether such a disclosure is in your best interest, who is the appropriate person(s) and what Medical Information is relevant to their involvement with your health care. We may also disclose your Medical Information to an organization, such as the American Red Cross which is assisting in a disaster relief effort, so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use or disclose your Medical Information to identify you as a potential candidate for a research study that has been approved by an Institutional Review Board. This approval is given after an evaluation of a proposed research project and its uses of Medical Information, and always with an effort to balance the requirements of sound research with patients' need for privacy of their Medical Information. We may disclose Medical Information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the Medical Information they review does not leave the site.

To Avert a Serious Threat to Health or Safety. As required by law, we may disclose Medical Information about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure of this kind, however, would be made only to someone able to help prevent the threat.

Business Associates. We provide some services through other persons or companies that need access to your health information to carry out these services. The law refers to these persons or companies as our Business Associates. We may disclose, as allowed by law, your health information to our Business Associates so that they can do the job we have contracted with them to do. Examples of Business Associates include companies that assist with billing services or copying medical records. We may send other business associates called registries (such as a Cancer Registry) summarized information about patients who have been treated with similar problems such as cancer or trauma, to help physicians improve the quality of care for other patients with similar problems. We require through a written contract that our Business Associates use appropriate safeguards to ensure the privacy of your Medical Information.

Other Communications with You. We may use and disclose your Medical Information to contact you at the address and telephone numbers you give us about scheduled or canceled appointments with your physicians or other health care team members, registration or insurance updates, billing and/or payment matters, information about patient care issues, treatment choices and follow-up care instruction, and other health-related benefits and services that may be of interest to you. Unless you tell us otherwise, we may leave messages about appointments or other reminders on your telephone or with a person who answers the phone.

Electronic Communications (Email, Text, and Secure Messaging)

We may communicate with you about appointments, test results, treatment instructions, billing, and other health-related matters by telephone, email, text (SMS), or secure messaging. Electronic communications may include Protected Health Information (PHI). You have the right to choose whether we communicate with you electronically and to request restrictions or alternative means of communication.

Risks and safeguards

Electronic communications can be convenient but may carry risks (for example, interception or misdelivery). We use reasonable safeguards to protect PHI transmitted electronically, including use of a HIPAA-compliant secure messaging platform or encryption when available, access controls, staff training, and written agreements with vendors (Business Associate Agreements) that require

protection of PHI. If you prefer that we not send PHI by email or text, you may request confidential communications by contacting our Privacy Manager.

Breach Notification

If there is a breach of your unsecured PHI, we will notify you as required by law, describe the nature of the breach, the steps we are taking, and how you can protect yourself. We will also notify OCR and any other required state agencies when applicable.

Patient consent and choices

By providing an email address or mobile phone number, you consent to receive communications at that address or number for the purposes described above unless you notify us otherwise. You may withdraw consent or opt out of electronic communications at any time by contacting our Privacy Manager at 312.782.9153 or in writing at the address below. We will honor reasonable requests for alternative means of communication.

Minimum necessary

When we send PHI electronically, we will limit the content to the minimum necessary to accomplish the purpose of the communication.

Special Situations

Lawsuits and Disputes. We may disclose your Medical Information in the course of a judicial and administrative proceeding, in response to an order of a court or other tribunal to the extent that such disclosure is authorized and, in certain conditions, in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may disclose your Medical Information to the police or other law enforcement officials as part of law enforcement activities, in investigations of criminal conduct, in response to a court order, in emergency circumstances, or when otherwise required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may release Medical Information about you to a coroner or medical examiner as necessary to identify a deceased person or to determine the cause of death. We also may release your Medical Information to funeral directors as necessary for them to carry out their duties.

Organ and Tissue Donation. If you are an organ donor, we may release your Medical Information to organizations that obtain organs or handle organ, eye or tissue transplantation. We may also release your Medical Information to an organ bank to arrange for organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the military or a veteran, we may release your Medical Information to the proper authorities so they may carry out their duties under the law.

Inmates. If you are an inmate in a correctional institution or in the custody of a law enforcement official, we may disclose Medical Information about you to the correctional institution or law enforcement official as necessary so that their duties can be carried out under the law.

Workers Compensation. We may disclose your Medical Information as allowed or required by Illinois law relating to workers' compensation benefits for work-related injuries or illness or to other similar programs.

Public Health Activities. We may be required to report your Medical Information to authorities to help prevent or control disease, injuries or disability. This may include using your Medical Information to report certain diseases, injuries and birth and death information. This also may include reporting certain drug reactions with products or notification of product recalls. We also may be required to report to your employer certain work-related illnesses or injuries so that your workplace can be monitored for safety. The appropriate government authorities may also be notified if we believe a patient has been the victim of child or elder abuse, neglect or domestic violence. These reports will be made in compliance with state and federal law and will be limited to the requirements of the law.

Health Oversight Activities and Specialized Government Functions. We may disclose your Medical Information to local, state or federal government authorities or agencies that oversee health care systems and ensure compliance with the rules of government health programs, such as Medicare or Medicaid and, under certain circumstances, to the U.S. Military or U.S. Department of State.

Marketing. We will not use or disclose your Medical Information for marketing purposes without your written authorization.

If we contact you for fundraising purposes, you have the right to opt out of receiving such communications.

Uses and Disclosures Not Covered in this Notice. Other uses and disclosures of your Medical Information will be made only with your written permission unless otherwise permitted or required by law. If you provide us with permission to use or disclose Medical Information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose Medical Information about you for the reasons covered by your written permission. Please understand that we are unable to take back any disclosures already made with your permission and that we are required to retain the records of the care provided to you.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the Medical Information we maintain about you:

Right to Inspect and Copy. You have the right to see and obtain a copy of your Medical Information. This includes medical and billing records, but does not include psychotherapy notes. You may request a copy in an electronic format if the Advocate Health Care site of care maintains your Medical Information in an electronic format. To see and/or obtain copies of this information, you must submit your request in writing. The *Authorization for Release of Patient Health Information* form is available from the medical records department.

If you request a copy of your Medical Information, we may charge a reasonable, cost-based fee for copies of records, including labor, supplies, and postage. For electronic copies, fees will be limited to the cost of labor and supplies as permitted by law. We will provide a written fee estimate before fulfilling your request. We may deny your request to see and/or obtain copies of your Medical Information in very limited circumstances. If you are denied access to your Medical Information, you may request that the denial be

reviewed. A licensed health care professional chosen by Dr. Dane J. Shepherd will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the decision that is the outcome of the review.

Right to Amend. If you feel that the Medical Information we have on record is inaccurate or incomplete, you have the right to request an amendment as long as the information is kept by or for Dr. Dane J. Shepherd. If the Medical Information is kept by another hospital or provider, we cannot act on your request. You must contact them directly. Your request for an amendment must be in writing and must state the reasons for the request. The written request can be made on the Request for Amendment to the Record form available in our medical records department. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We are not obligated to make all requested amendments, but will give each request careful consideration. If your request is denied, you have the right to send a letter of objection that will then be attached to your permanent medical record. Please note that even if we accept your request, we may not delete any information already documented in your medical record.

Right to an Accounting of Disclosures. You have the right to ask us for an “accounting of disclosures.” This is a listing of those individuals or entities that have received your Medical Information from Dr. Dane J. Shepherd. The listing will not cover Medical Information that was given to you or your personal representative or to others with your permission. In addition, it will not cover Medical Information that was given in order to:

- Provide or arrange care for you;
- Facilitate payment for your health care services; and/or
- Assist the office of Dr. Dane J. Shepherd in its operations.

Your request for an accounting of disclosures must be made on the Request for Accounting of Disclosures form available in the medical records department at our office. The list will include only the disclosures made for the time period indicated in your request, but may not exceed a six-year period or include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs associated with providing the list. We will notify you of costs involved. You may choose to withdraw or modify your request at any time before costs are incurred.

Right to Request Restrictions. You have the right to ask us to restrict or limit the Medical Information we use or disclose about you for treatment, payment or healthcare operations. In addition, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related Medical Information to your health plan. Unless required by law, we are not required to agree to all requests. If we do agree, we will comply unless the information is needed to provide emergency treatment.

Right to Request Confidential Communications. You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only by sending materials to a P.O. Box instead of your home address. We will not ask the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Right to a Paper Copy of this Notice. Upon your request, you may at any time

obtain a paper copy of this Notice. To do so, please contact the HIPAA Coordinator at the office of Dr. Dane J. Shepherd at (312)782-9153.

Changes to This Notice We reserve the right to change our privacy practices, policies and procedures and our Notice of Privacy Practices. We also reserve the right to make the revised privacy policies, procedures and Notice effective for Medical Information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our office and this Notice will contain the new effective date on the first page. In addition, a copy of the current Notice will be available upon request.

Right to File A Complaint

If you have any questions or would like to report a privacy concern, please contact the office HIPAA coordinator at (312)782-9153. If you believe the office of Dr. Dane J. Shepherd Health Care has violated your privacy rights, you may file a complaint with our office or with the U.S. Department of Health and Human Services Office for Civil Rights (“OCR”). You may also file a complaint online with the U.S. Department of Health and Human Services, Office for Civil Rights at <https://www.hhs.gov/ocr>. We will not retaliate against you if you file a complaint with us or with the OCR. Filing a complaint will not affect your ability to obtain care or the quality of care you receive.