

DISCOVER SOFT TISSUE + SPINE NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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.

Who We Are:

Discover Soft Tissue and Spine (“Discover”)

Eric B. Lambert, P.C. (d/b/a Discover Soft Tissue + Spine)

751 Kenmoor Ave SE, Suite A

Grand Rapids, MI 49546

Phone: (616) 956-1112 | Fax: (616) 956-6265

Website: www.discoversofttissue.com

Privacy Contact (Privacy Officer):

Dr. Eric B. Lambert, D.C.

Phone: (616) 956-1112 (ask for the Privacy Officer)

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home phone vs. work phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- **If you pay for a service or health care item out-of-pocket in full**, you can ask us not to share that information with your health insurer for payment or our operations. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at (616) 956-1112.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) by sending a letter 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/index.html>

- Beginning February 16, 2026, if you believe substance use disorder (SUD) patient records subject to 42 CFR part 2 were shared improperly, you may also submit a Part 2 complaint to OCR. For more information, see www.hhs.gov/hipaa/part-2/index.html
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference, tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest, and only as permitted by law.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information (We do not sell your health information.)
- Most sharing of psychotherapy notes (special authorization is required)
- Fundraising: We do not use your health information for fundraising. If that ever changes, you will have the right to opt out of fundraising communications.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: If you see another provider, we may share relevant information with them for coordination of care.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary (appointment reminders, scheduling, treatment follow-up). We may also contact you by text or email through our patient communication system

(e.g., SolutionReach) to send appointment reminders and to request completion/signature of intake, consent, policy, or annual update forms.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities (when applicable), and to provide documentation such as superbills at your request.

Business associates and vendors

We may share your information with vendors who help us operate (such as electronic health record systems, secure communication services, IT support, billing support), and they must protect it.

How else can we use or share your health information?

We are allowed or required to share your information in other ways usually in ways that contribute to the public good, such as public health and safety. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/ or www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/.

In all cases, including those listed below, if we have substance use disorder patient records about you subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Some types of health information may be subject to additional privacy protections under state or federal law. When those laws apply, we follow the stricter limits.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For certain law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena, as permitted by law.

Special Rules for Certain Substance Use Disorder (SUD) Information (42 CFR Part 2)

As of February 16, 2026, HIPAA requires this notice to describe added confidentiality protections for certain substance use disorder (SUD) patient records protected under 42 U.S.C. § 290dd-2 and 42 CFR Part 2 ("Part 2"). Our practice is generally not a federally assisted SUD treatment program ("Part 2 program"). However, we sometimes receive SUD treatment records from other providers (for example, a patient's primary care provider, specialist, hospital, or other clinician). If any SUD patient records we receive or maintain are subject to Part 2, then additional federal confidentiality protections and restrictions apply to those Part 2 records.

If Part 2 applies to a record, then in general:

- Many disclosures require your specific written consent unless a Part 2 exception applies (for example, certain medical emergencies, certain audits/evaluations, or a qualifying court order).
- Part 2 also restricts the use or disclosure of Part 2-protected SUD records (and testimony relating their content) in civil, criminal, administrative, or legislative investigations or proceedings against you, unless permitted by Part 2 (for example, with your written

consent or a qualifying court order after required notice and an opportunity to be heard).

- These Part 2 limits may apply even when HIPAA might otherwise permit a disclosure.

Redisclosure note: When we disclose health information as permitted by law, the recipient may be permitted to re-disclose it in certain circumstances. If information is disclosed outside HIPAA (for example, to a person you authorize who is not a covered entity), it may no longer be protected by HIPAA. (This does not reduce our obligations under HIPAA for information we maintain.) If Part 2 applies, additional redisclosure restrictions may also apply.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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 this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time—let us know in writing.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice Applies To

Eric B. Lambert, P.C.

(d/b/a Discover Soft Tissue + Spine)

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This Notice was updated and is effective February 16, 2026, and supersedes all prior versions.