

NOTICE OF PRIVACY PRACTICES

ADARA SURGICAL INSTITUTE

EFFECTIVE DATE: FEBRUARY 16, 2026

Our office is committed to protecting the privacy and confidentiality of our patients' health information. We are required by law to maintain the privacy of your protected health information, to provide you with this Notice of Privacy Practices, and to follow the terms of this Notice currently in effect.

All workforce members receive appropriate training and are required to comply with our privacy policies and procedures. We may amend our privacy practices from time to time. Any revised Notice will apply to all protected health information we maintain and will be made available upon request and posted in our facility.

PROTECTING YOUR PROTECTED HEALTH INFORMATION (PHI)

We use and disclose your protected health information only as permitted by the Health Insurance Portability and Accountability Act (HIPAA), applicable federal law, and the laws of the State of Washington. This includes uses and disclosures for treatment, payment, and health care operations.

Except as permitted or required by law, we do not disclose your protected health information to family members or others without your written authorization. You may authorize us in writing to disclose your information to any person or entity you choose, for any lawful purpose.

We maintain physical, administrative, and electronic safeguards to protect the confidentiality, integrity, and availability of your records. Our privacy practices apply to all current, former, and future patients

COLLECTION OF PROTECTED HEALTH INFORMATION

We collect only the information necessary to provide care, obtain payment, conduct health care operations, and comply with legal requirements. This may include your name, address, telephone number, date of birth, Social Security number, insurance information, medical and dental history, diagnostic records, photographs, and other clinical information.

Information may be obtained directly from you or from third parties such as referring

providers, insurers, or laboratories when necessary. Regardless of the source, your information is protected to the fullest extent required by law.

USES AND DISCLOSURES OF YOUR INFORMATION

- We may use or disclose your protected health information without your authorization for:
 - Treatment and coordination of care
 - Payment and billing activities
 - Health care operations
 - Appointment reminders and care coordination communications
 - As required by law, including certain public health and regulatory purposes

We may leave appointment reminders or other communications via voicemail, text message, email, or mail unless you tell us otherwise in writing.

We do not sell your protected health information, and we do not receive financial remuneration in exchange for disclosures of your information.

FUNDRAISING COMMUNICATIONS

We do not use your protected health information for fundraising purposes without your authorization. If we ever conduct fundraising communications permitted by law, you will be given a clear opportunity to opt out of receiving such communications, and we will honor that request.

SUBSTANCE USE DISORDER (SUD) RECORDS

42 CFR Part 2 Protections

Some health information may be protected by federal law governing the confidentiality of substance use disorder treatment records (42 CFR Part 2).

When applicable, these records are subject to **stricter confidentiality protections** than other health information. Uses and disclosures of Part 2–protected information are limited and may require your written consent, even for treatment, payment, or health care operations, unless otherwise permitted by law.

Part 2–protected information generally **may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you** without your written consent or a qualifying court order.

We are required by law to protect the confidentiality of such records and to inform you of your rights regarding them.

REDISCLASURE NOTICE

Protected health information disclosed under HIPAA may be subject to redisclosure by the recipient and may no longer be protected by HIPAA. However, information protected under 42 CFR Part 2 remains subject to those protections after disclosure, unless expressly permitted by law.

BREACH NOTIFICATION

Any unauthorized acquisition, access, use, or disclosure of your unsecured protected health information will be investigated and addressed in accordance with the HIPAA Breach Notification Rule. You will be notified of any breach involving your protected health information as required by law.

USE OF EMAIL AND ELECTRONIC DOCUMENT SHARING

To coordinate your care efficiently, we may communicate with you and other providers using standard, non-encrypted email and electronic document sharing services, including services such as Dropbox. These communications may include medical records, clinical notes, correspondence, and clinical photographs.

While we take reasonable steps to safeguard electronic communications, these methods are not fully secure and may carry some risk of unauthorized access. By acknowledging this Notice, you consent to these methods of communication unless you notify us otherwise in writing.

YOUR RIGHTS

You have the right to:

- Inspect and obtain copies of your protected health information
- Request copies in reasonable alternative formats
- Request restrictions on certain uses or disclosures
- Request confidential communications
- Request an accounting of disclosures as required by law

All requests must be submitted in writing. Fees for copies may be charged as permitted by law.

If you believe your privacy rights have been violated, you may file a complaint with our

office or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT AND CONSENT

I acknowledge that I have received a copy of the Notice of Privacy Practices for Adara Surgical Institute. I understand the uses and disclosures of my protected health information, my rights, and the responsibilities of the practice.

I acknowledge and consent to:

- The use and disclosure of my protected health information as described in this Notice
- Communication via standard email, text, voicemail, and electronic document sharing services
- The leaving of detailed messages related to treatment, billing, results, and scheduling

I understand that I may request alternative communication methods or restrictions in writing.