

Reign-Bow Brain Treatment Center

Notice of Privacy Practices (HIPAA)

Effective Date: January 1, 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.

Our Commitment to Your Privacy

Reign-Bow Brain Treatment Center is committed to protecting the privacy of your protected health information (PHI). We are required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of the Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI for treatment, payment, and health care operations without your written authorization. Examples include: coordinating care with other providers, billing your insurance, conducting quality assessment, training staff, and other routine business activities.

Uses and Disclosures Requiring Your Authorization

Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization. You may revoke an authorization at any time in writing.

Other Permitted Uses and Disclosures

We may use or disclose your PHI without your authorization for: public health activities, victims of abuse or neglect, health oversight activities, judicial and administrative proceedings, law enforcement purposes, coroners and medical examiners, organ donation, research (with appropriate approvals), serious threats to health or safety, military and veterans, workers' compensation, and as otherwise required by law.

Your Rights Regarding Your Health Information

You have the right to: (1) request restrictions on certain uses and disclosures; (2) request confidential communications; (3) inspect and copy your PHI; (4) request amendments to your PHI; (5) receive an accounting of disclosures; (6) receive a paper copy of this Notice; (7) be notified of a breach of unsecured PHI; and (8) file a complaint without retaliation.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI, notify you promptly if a breach occurs that may have compromised the privacy or security of your information, follow the

duties and privacy practices described in this Notice, and not use or share your information other than as described here unless you tell us we can in writing.

Changes to This Notice

We reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI we maintain. A current copy will be posted in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Reign-Bow Brain Treatment Center or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

Contact Information for Privacy Questions

Privacy Officer
Reign-Bow Brain Treatment Center
Phone: (630) 448-2721
Email: care@reignbowtreatmentcenter.com