Notice of Privacy Practices

Jacob Hall, M.D., Inc.

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS IT. PLEASE REVIEW IT CAREFULLY.

Effective Date: November 9, 2026. Jacob Hall, M.D., Inc. is required by law to maintain the privacy and security of your protected health information (PHI), provide this Notice, and follow its terms while in effect.

How we may use and disclose your information

Treatment. To provide, coordinate, or manage your care, including evaluations, testing, consultations, and follow-up — which may involve other providers, labs, imaging facilities, or pharmacies. **Payment.** To bill and collect payment, including from Medicare or directly from you for self-pay services. **Health care operations.** For quality review, care coordination, record management, and administrative functions. **Telemedicine.** Care is delivered primarily by telemedicine and electronic communication over HIPAA-compliant platforms; electronic communication carries inherent risk despite these safeguards. **Business associates.** We share information with vendors who perform services for the practice, such as our EHR and billing services, each bound by a written agreement to protect it. **Email and text messages.** If you choose to communicate with us by unencrypted email or text message, we may respond by the same method; you accept the risk that those messages could be intercepted or misdirected. Our patient portal is the secure way to send us medical information. **Family, friends, and care partners.** With your agreement, or when you are present and do not object, we may share information relevant to their involvement with a family member, friend, or care partner who is involved in your care or in payment for your care. If you are unable to agree or object, we will use professional judgment to share only what is directly relevant to that person's involvement. You may sign a separate authorization naming a care partner with whom we may communicate more fully. **Appointment reminders and treatment information.** We may contact you by telephone, text message, email, or patient portal to remind you of appointments, share results, or tell you about treatment options and related services.

We may also disclose information without your authorization as required by law, and for: public health activities; reporting abuse, neglect, or domestic violence; health oversight; judicial or administrative proceedings; law enforcement; coroners and organ or tissue donation; IRB-approved research; averting a serious threat to health or safety; specialized government functions; and workers' compensation.

Driving and public safety. California law (Health and Safety Code section 103900) requires physicians to report to the local health officer a diagnosis of Alzheimer's disease or a related disorder when it is severe enough to impair the ability to drive safely. The health officer forwards limited information to the Department of Motor Vehicles, which conducts its own evaluation to decide whether driving may safely continue. This does not apply to every memory diagnosis; a diagnosis that does not affect the ability to drive is generally not reportable.

Other uses and disclosures

Anything not described above requires your written authorization, which you may revoke in writing at any time (revocation is not retroactive). Authorization is always required to disclose psychotherapy notes or to use your information for marketing or sale.

Your rights

You may access and obtain copies of your records; request corrections; request restrictions on certain uses or disclosures; request confidential communications; receive an accounting of certain disclosures; be notified of a breach affecting your unsecured PHI; and receive a paper copy of this Notice on request, even if you agreed to receive it electronically. We are not required to agree to every requested restriction, except that if you pay for an item or service in full out of pocket and ask us not to disclose information about it to your health plan for payment or operations purposes, we must agree. You may also name someone to act for you, such as an agent under an advance health care directive or a conservator; we will confirm that person's authority before acting on their requests. Send requests in writing to the Privacy Officer below.

California residents

California's Confidentiality of Medical Information Act (Civil Code section 56 et seq.) provides privacy protections in addition to those above, including specific requirements for a valid written authorization and added protections for certain categories of information, such as mental health, substance use treatment, HIV test, and genetic test information, which generally may not be disclosed without your specific written authorization. Where California law is more protective, we follow California law.

Substance use disorder treatment records. If we receive records from a federally assisted substance use disorder treatment program, those records are protected by 42 CFR Part 2. We will not use or disclose them in any civil, criminal, administrative, or legislative proceeding against you unless you consent in writing or a court orders it.

Complaints

You may file a complaint with our Privacy Officer at the address below, or with the U.S. Department of Health and Human Services, Office for Civil Rights, online at www.hhs.gov/ocr/complaints, by mail to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by telephone at 1-800-368-1019. Filing a complaint will not affect your care or benefits, and we will not retaliate against you for filing one.

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Changes to this Notice

We may change this Notice and make the revised version effective for all health information we maintain. The current Notice is always available on our website and through the patient portal, and we will provide a copy on request.