MASTER'S HANDS FAMILY WELLNESS

Wortham & Florence Enterprises LLC d/b/a Master's Hands Family Wellness

NOTICE OF PRIVACY PRACTICES

Effective Date: August 4, 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.

This Notice applies to protected health information created or received by Wortham & Florence Enterprises LLC, doing business as Master's Hands Family Wellness, in connection with the health care we provide, including telehealth services. In this Notice, "we," "us," and "our" refer to Master's Hands Family Wellness and members of its workforce.

Privacy Contact

To ask questions, exercise a right described in this Notice, request a paper copy, or make a complaint, contact:

Privacy Contact	Master's Hands Family Wellness 3420 Atrium Blvd, Suite 160 Middletown, OH 45005	Phone: 937-321-0002 Email: admin@mastershandsfamilywellness.com

Your Rights

Get an electronic or paper copy of your medical record

You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. Contact us to learn how to make a request.

We will provide a copy or summary of your health information, usually within 30 days after receiving your request. We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your medical record

You may ask us to correct health information that you believe is incorrect or incomplete. Contact us to learn how to submit a request.

We may deny a request in certain circumstances, but we will tell you why in writing, usually within 60 days.

Request confidential communications

You may ask us to contact you in a particular way, for example, at a particular telephone number, or to send mail to a different address. We will agree to reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or our health-care operations. We are generally not required to agree, and we may deny a request if, for example, it could affect your care. If we agree, we may still disclose the information if it is needed for emergency treatment.

If you pay in full, out of pocket, for a health-care item or service, you may ask us not to disclose information about that item or service to your health plan for payment or health-care-operations purposes. We will agree unless a law requires the disclosure.

Get a list of certain disclosures

You may ask for an accounting of certain disclosures of your health information made during the six years before the date of your request. The accounting will not include disclosures for treatment, payment, or health-care operations and certain other disclosures, such as disclosures you authorized or requested.

We will provide one accounting in any 12-month period without charge. We may charge a reasonable, cost-based fee for an additional accounting requested within the same 12-month period.

Get a copy of this Notice

You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

Choose someone to act for you

If a person has legal authority to act as your personal representative, for example, under a medical power of attorney or guardianship, that person may exercise your rights and make choices about your health information. We will verify the person's authority before taking action.

File a complaint

You may complain to us if you believe we violated your privacy rights by contacting our Privacy Contact.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights 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.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. Tell us what you want us to do, and we will follow your instructions when the law gives you that choice.

You may tell us whether to:

- Share information with family members, close friends, or others involved in your care or payment for your care; or
- Share information in a disaster-relief situation.

If you cannot tell us your preference, for example, because you are unconscious, we may share information if we believe doing so is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

We will obtain your written authorization before:

- Using or disclosing your information for most marketing purposes;
- Selling your protected health information; or
- Using or disclosing most psychotherapy notes, if we maintain such notes.

If we contact you for fundraising, you may tell us not to contact you again. If a fundraising communication would use a substance-use-disorder patient record subject to 42 CFR Part 2, we will give you clear and obvious advance notice and a choice about whether to receive that communication.

Other uses and disclosures not described in this Notice will be made only with your written authorization unless otherwise permitted or required by law. You may revoke an authorization in writing at any time. A revocation will not affect actions we already took in reliance on the authorization.

How We Typically Use and Disclose Your Health Information

Treat you

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

> Example: We may send prescription information to your pharmacy or share relevant information with a laboratory, specialist, or other provider involved in your care.

Run our practice

We may use and disclose your health information to operate our practice, improve your care, coordinate services, and contact you when necessary.

> Example: We may use health information to schedule and support a telehealth visit, maintain records, or review the quality of our services.

Bill for services

We may use and disclose your health information to bill you, obtain payment from a health plan, or work with another entity involved in payment.

> Example: If insurance is used, we may provide information to your health plan so that it can process payment for your services.

Other Uses and Disclosures

We are permitted or required to use or disclose health information in other circumstances, usually for purposes involving public health, safety, oversight, or legal obligations. We must satisfy applicable legal conditions before making these disclosures.

Substance-use-disorder records

To the extent we receive or maintain substance-use-disorder patient records subject to 42 CFR Part 2, we will not use or disclose information from those records in a civil, criminal, administrative, or legislative investigation or proceeding against you without:

- Your written consent; or
- A court order and a subpoena or similar legal requirement compelling the disclosure.

Public-health and safety activities

We may disclose health information for legally authorized activities such as:

- Preventing or controlling disease;
- Assisting with product recalls;
- Reporting adverse reactions to medications;
- Reporting suspected abuse, neglect, or domestic violence; or
- Preventing or reducing a serious threat to a person's health or safety.

Research

We may use or disclose health information for health research when the applicable legal requirements have been met.

Complying with law

We will disclose information when state or federal law requires it. This includes disclosures to the U.S. Department of Health and Human Services when it requests information to determine whether we are following federal privacy law.

Organ and tissue donation

We may disclose health information to organ-procurement organizations when applicable.

Medical examiners and funeral directors

After an individual dies, we may disclose health information to a coroner, medical examiner, or funeral director as permitted by law.

Workers' compensation, oversight, law enforcement, and government functions

When applicable legal requirements are satisfied, we may use or disclose health information:

- For workers' compensation claims;
- For legally authorized law-enforcement purposes;
- To health-oversight agencies for activities authorized by law; or
- For specialized government functions, such as military, national-security, or presidential-protection activities.

Lawsuits and legal proceedings

We may disclose health information in response to a court or administrative order or, when applicable legal requirements have been met, in response to a subpoena or other lawful process.

Additional protections under other laws

Some health information may receive additional protection under other federal or state law. When a law is more protective of that information than HIPAA, we will follow the more protective law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 the Notice currently in effect and give you a copy of it.
- We will not use or disclose your information other than as described in this Notice unless you give us written permission or the law otherwise permits or requires the use or disclosure.
- If you give us written permission, you may revoke it in writing at any time, subject to actions already taken in reliance on it.

Changes to This Notice

We may change the terms of this Notice. Changes may apply to all health information we maintain, including information created or received before the change. A revised Notice will be available upon request, on our website, and at any physical patient-service location we maintain.

> Questions, rights requests, paper-copy requests, and privacy complaints may be directed to the Privacy Contact using the information on page 1.