NOTICE OF PRIVACY PRACTICES

Effective Date: 6/4/2026

THIS NOTICE PROVIDES INFORMATION ABOUT HOW TO ACCESS YOUR HEALTH INFORMATION, HOW TO FILE A HIPAA COMPLAINT, YOUR RIGHT TO RECEIVE A COPY OF THE NOTICE, AND YOUR RIGHT TO DISCUSS ITS CONTENTS WITH A DESIGNATED PERSON. PLEASE REVIEW IT CAREFULLY.

If you have any questions, you may contact the offsite Privacy Officer at 469.530.4783 or email at Katie.Haley@espmgmt.com.

UNDERSTANDING YOUR HEALTH RECORD

A record is made each time you visit a hospital, physician, or other health care provider. Your symptoms, examination, test results, diagnoses, treatment, and a plan for future care are recorded. This information is most often referred to as your "health or medical record," and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care.

Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others.

UNDERSTANDING YOUR HEALTH INFORMATION RIGHTS

Your health record is the physical property of the health care practitioner or facility that compiled it but the content is about you, and therefore belongs to you. You have the right to request restrictions on certain uses and disclosures of your information, and to request amendments be made to your health record. Your rights include being able to review or obtain a copy of your health information, and to be given an account of all disclosures. You may also request communications of your health information be made by alternative means or to alternative locations. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information.

OUR RESPONSIBILITIES

This office is required by law to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This office is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations.

This office reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient medical information. In the event that changes are made, this office will notify you at the current address provided on your medical file. If applicable, this office will post changes on our web site that provides information about our customer service and/or benefits.

Other than for reasons described in this notice, this office agrees not to use or disclose your health information without your authorization.

HOW WE MAY USE AND DISCLOSURE YOUR HEALTH INFORMATION

We will use your health information for treatment. For example: Information obtained by a healthcare practitioner will be recorded in your record and used to determine the course of treatment that should work

best for you. Your physician will document in your record their expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations (example varies by practitioner type). We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist them in treating you.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. An **exception** would be an instance in which you have paid for your health care out of pocket, in which case this office must agree to your requested restriction with respect to communications with your health plan.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve quality and effectiveness of the healthcare and service we provide.

Business Associates: There may be some services provided in our organization through contracts with outside persons or organizations (Business Associates). Examples include outside radiology and laboratory services, auditing, accreditation, outcomes data collection, legal services, etc. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Individuals Involved in Your Care: Health professionals, using their best judgment, may disclose to a family member, personal representatives, close personal friends, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval.

Notification: Unless you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Research: We may disclose information to researchers when an institution review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information has approved their research.

Fundraising: ESP does not conduct fund-raising activities. We will not contact you for fundraising or share such information with any fundraising foundations. (*change if we will utilize fund-raising in the future).

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Redisclosure: Protected health information that is used and disclosed pursuant to the Privacy Rule may be subject to re-disclosure by the person or organization who receives it and would no longer be protected by the Privacy Rule.

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USES AND DISCLOSURES REQUIRED OR PERMITTED BY LAW

Required by Law: We are sometimes required by law to report certain information. For example, we must report child and elder abuse and neglect, and in some states, spouse abuse or neglect. We are required to report certain types of injuries, such as injuries caused by firearms. We also must give information to your employer about work-related illness, injury or workplace-related medical surveillance. Another example is that we must share information about tumors with state tumor registries.

Health Oversight Activities: We may share your health information with a health oversight agency when allowed by law for health oversight activities. Health oversight agencies include the agencies that run Medicare and Medicaid, and state medical or nursing licensing boards. Health oversight activities include audits, investigations, or inspections. The activities are necessary so the government can monitor health care treatment and spending, government programs and also compliance with civil rights laws.

Public Safety: We may, and sometimes must, share your health information in order to avert or lessen a serious and imminent threat of harm to you or to the health or safety of a particular person or the general public.

Disaster Relief Purposes: We may use or share your health information with public or private disaster organizations, like the American Red Cross, so that your family can be told of your location and condition in case of disaster or emergency. We may also use it to help in coordination of disaster relief efforts.

Coroners, Medical Examiners and Funeral Directors: We may share health information about deceased patients with coroners, medical examiners and funeral directors to identify a deceased person, determine the cause of death, or other duties as permitted.

Military, Veterans, National Security and Other Government Agencies: We may use or share your health information for national security purposes, intelligence activities or for protective services for the President or certain other persons as allowed by law. We may share your health information with the military for military command purposes when you are a member of the armed forces. We may share medical information with the Secretary of the Department of Health and Human Services for investigating or determining our compliance with HIPAA.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to be extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with tracking birth and deaths, as well as with preventing or controlling disease, injury, or disability. For example, we must report certain information about births, deaths, and various diseases to government agencies. We may use your health information in order to report to monitoring agencies any reactions to medications or problems with medical devices.

Judicial or Administrative Proceedings: We may use or share your health information in response to court

orders or subpoenas only when we have followed procedures required by law.

Correctional Institution: Should you be an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. We may do this for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution. An inmate does not have the right to the Notice of Privacy Practices.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney if the police present a search warrant, the police present a court order, to report abuse, neglect, or assaults as required or permitted by law, and to report certain crimes or threats to third parties.

Substance Use Disorder (SUD) Treatment Information: If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Apart from what we say in this Notice, we will not use or share your health information unless we get your written authorization. If you give us authorization to use or disclose your health information, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose your health information for the purpose involved. However, we cannot retrieve any disclosures that we already made based on your prior authorization. We will obtain your authorization to use and disclose your health information for these specific purposes when required by law.

Marketing: Marketing means to make a communication about a product or service that you may be interested in buying. If we send a marketing communication to you about a non-ESP service or product, or if we receive payment from a third party in order for us to promote a product or service to you, then we are required to get your authorization before we can use or disclose your health information. We are not required to get your authorization to talk with you in person or send you information about the following:

- health care treatment options.
- health-related products and services that are provided by ESP.
- case management or care coordination services.
- recommended alternative treatments, therapies, providers, or settings of care.
- samples or promotional gifts of nominal value.

Psychotherapy Notes: Psychotherapy notes are special notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session or a group, joint, or family

counseling session. Psychotherapy notes are kept separate from the rest of your health information, and they may not be used or disclosed without your authorization, except as may be required by law.

Sale of Health Information: We will obtain your authorization for any disclosure of your health information if we directly or indirectly receive remuneration (money or other valuable things) in exchange for the health information.

Reproductive Healthcare: We will not use or disclose information regarding reproductive healthcare for any of the following prohibited activities:

- To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- To identify any person for either of the above purposes.

ESP will obtain an attestation before using or disclosing reproductive health care information to health oversight agencies, law enforcement, or coroners and medical examiners, or in judicial or administrative proceedings (including in response to subpoenas and court orders).

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding the health information we maintain about you.

Right to Access, Inspect, and Copy. You have the right to access, inspect, and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a request in writing in order to access, inspect and/or copy your health information. You may look your health information for free. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. You may also request that we send electronic copies directly to a person or third-party entity chosen by you. We will give you a form to fill out to make the request.

We may deny your request to inspect and/or or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If law requires such a review, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep.
- You would not be permitted to inspect and copy.
- Is accurate and complete.

Right to an Accounting of Disclosure. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before January 1, 2010. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

To request restrictions, you may complete and submit the Request for Restriction On Use/Disclosure of Medical Information to the Privacy Officer.

We are Not Required to Agree to Your Request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Must specify how or where you wish to be contacted.

NOTICE OF PRIVACY AVAILABILITY

This notice will be prominently posted where registration occurs. Patients will be provided a hard copy, if so desired and the notice will be maintained on our Web site (if applicable Web site exists) for downloading. You may ask us to give you a hard copy of this notice at any time.

THIS OFFICE MUST NOTIFY YOU OF PRIVACY BREACHES OF YOUR HEALTH INFORMATION.

We will tell you if we discover a breach of your health information. A breach means that your health information was used, disclosed, or shared in an unintended way and there is more than a low probability that it has been compromised. The notice will tell you about the breach, about steps we have taken to lessen any possible harm from the breach, and actions that you may need to take in response to the breach.

TO RECEIVE ADDITIONAL INFORMATION OR REPORT A PROBLEM

If you have questions and would like additional information, you may contact the practice's Privacy Officer at **469.530.4783.** If you believe your rights have been violated, you can file a complaint with the center's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticpp.html

The address for the Office of Civil Rights is listed below:

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Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

ATTENTION: If you speak English or American Sign Language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Please speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Por favor hable con su proveed

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Bitte sprechen Sie mit Ihrem Provider.

注意：如果您说[**中文**]，**我**们将免费为您提供语言协助服务。我们还免费提 **供适当的**辅助工具和服务，以无障碍格式提供信息。请与您的提供商联系。

注意：如果您說[**中文**]，**我們可以為您提供免費語言協助服務。也可以免費 提供適當的輔助工具與服務，以無障礙格式提供資訊。請與您的提供者聯絡。**

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy nói chuyện với nhà cung cấp của bạn.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Veuillez en parler à parlez à votre fournisseur.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Пожалуйста, поговорите со своим провайдером.

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متوفرة
متاح لك. المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات
التنسيقات التي يمكن الوصول إليها متاحة أيضًا مجانًا. يرجى التحدث إلى مزود الخدمة الخاص بك.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 귀하의 서비스 제공자에게 문의하십시오.

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PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Makipag-usap sa iyong provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Si prega di parlare con il proprio fornitore.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Tanpri pale ak founisè w la.

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። እባክዎን አቅራቢዎን ያነጋግሩ።

सावधान: यदि तपाईंनेपाली भाषा बोल्नुहुन्छ भनेतपाईंका लादि दन:शुल्क भादषक सहायता सेवाहरू उपलब्ध छन्। पहुुँचयोग्य ढाुँचाहरूमा जानकारी प्रिान िननउपयुक्त सहायता र सेवाहरू पदन दनि:शुल्क उपलब्ध छन्। कृपया आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Tafadhali zungumza na mtoa huduma wako.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。プロバイダーにご相談ください。

توجه :اگر فارسی صحبت می کنید، خدمات کمک زبان رایگان است
در دسترس شماست .کمک‌ها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس نیز به صورت رایگان
در دسترس هستند .لطفاً با ارائه‌دهنده خود صحبت کنید

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Thov nrog koj tus kws kho mob tham.

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Por favor, fale com seu provedor.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। कृपया अपने प्रदाता से बात करें.।

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UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Proszę porozmawiać ze swoim dostawcą.
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার প্রদানকারীর সাথে কথা বলুন।
توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ براہ کرم اپنے فراہم کنندہ سے بات معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ کریں۔