

NOTICE OF PRIVACY PRACTICES

AltaLumé Medical

Effective Date: 1/10/2026

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 Responsibilities

AltaLumé Medical is required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
 - Provide you with this Notice of our legal duties and privacy practices
 - Follow the terms of this Notice currently in effect
 - Notify you if a breach occurs that may compromise the privacy or security of your information
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How We May Use and Disclose Your Health Information

The following categories describe different ways that we may use and disclose your PHI without your written authorization.

1. Treatment

We may use and share your health information to provide, coordinate, or manage your healthcare and related services.

Example: Sharing information with other providers involved in your care.

2. Payment

We may use and disclose your information to bill and collect payment from health plans or other entities.

Example: Submitting claims to your insurance company.

3. Healthcare Operations

We may use your information to support business activities such as quality assessment, staff training, licensing, and compliance.

Example: Reviewing patient charts for quality improvement.

Other Permitted or Required Uses and Disclosures

We may also disclose your PHI in the following situations:

- **As Required by Law** – Including public health reporting and audits
 - **Public Health and Safety** – To prevent or reduce serious threats
 - **Health Oversight Activities** – For audits, investigations, and inspections
 - **Legal Proceedings** – In response to court orders or subpoenas
 - **Law Enforcement** – Under specific legal circumstances
 - **Coroners, Medical Examiners, and Funeral Directors**
 - **Workers' Compensation** – As permitted by law
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Uses and Disclosures That Require Your Authorization

We will obtain your written authorization before using or disclosing your PHI for:

- Marketing purposes
- Sale of your health information
- Most uses of psychotherapy notes (if applicable)

You may revoke your authorization at any time in writing, except to the extent we have already relied on it.

Your Rights Regarding Your Health Information

You have the right to:

Get a Copy of Your Records

You may request access to or copies of your medical records. We may charge a reasonable, cost-based fee.

Request Corrections

If you believe your information is incorrect or incomplete, you may request an amendment.

Request Confidential Communications

You may request that we contact you in a specific way or at a specific location.

Ask Us to Limit What We Use or Share

You may request restrictions on certain uses or disclosures. We are not required to agree to all requests.

Get a List of Disclosures

You may request a list of certain disclosures made in the past six years.

Get a Paper Copy of This Notice

You may request a paper copy at any time, even if you agreed to receive it electronically.

File a Complaint

You may file a complaint if you believe your privacy rights have been violated.

How to File a Complaint

You may file a complaint with:

AltaLumé Medical Privacy Officer

Vincent Meoli, President

451 Andover St., Ste 190A, North Andover, MA 01845

Phone: 978-530-3535

Email: admin@altalumemed.com

Or with the U.S. Department of Health and Human Services:

Secretary of HHS

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/ocr

You will not be penalized for filing a complaint.

Special Situations

Minors

In certain situations, minors may have rights to control their own health information under state law.

Appointment Reminders & Communications

We may contact you to remind you of appointments or provide information about treatment alternatives or health-related benefits and services.

Business Associates

We may share PHI with vendors who perform services for us. These vendors are required by law to protect your information.

Changes to This Notice

We reserve the right to change this Notice and make the new provisions effective for all PHI we maintain. Updated notices will be posted on our website and available in our office.

Acknowledgment of Receipt

You may be asked to sign an acknowledgment that you received this Notice. Your care will not be affected if you do not sign.