

TIMELESS YOUTH MD, LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

During your treatment at Timeless Youth MD, LLC, doctors, nurses, and other health care providers may gather information about your medical history and your current health. This Notice of Privacy Practices (“Notice”) explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this Notice apply to health information created or received by Timeless Youth MD, LLC. We are obligated and required by law to: maintain the privacy of this health information and make sure this information that identifies you is kept private; give you this Notice of our legal duties and privacy practices with respect to health information about you; follow the terms of this Notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you.

The following part of this Notice sets forth the ways Timeless Youth MD, LLC may use and disclose health information that identifies you. Except for the purposes set forth below, Timeless Youth MD, LLC will use and disclose your health information only with your written permission. You may then revoke such permission at any time, by writing to our Practice Privacy Compliance Officer.

Timeless Youth MD, LLC may use and disclose your health information for the following purposes:

1. Treatment. We may use your health information for your treatment and to provide, coordinate and manage your care. For example, Timeless Youth MD, LLC may share your health information with another physician for a consultation or a referral. We will get your written consent prior to making disclosures outside of Timeless Youth MD, LLC for treatment purposes, except in emergency circumstances when it is not possible to get your consent.
2. Payment. Timeless Youth MD, LLC provides medical services that patients elect to receive and agree to pay for on a cash basis only; however, to the extent this practice may need to provide health information for payment and/or payment collection purposes, you understand and agree that such health information may be released absent such consent from you. For example, we may need to give your health information to a billing company so as to have a bill/invoice sent to you.
3. Health Care Operations. We may use and disclose health information about you for Timeless Youth MD, LLC’s health care operations. Health care operations are the uses and disclosures of information that are necessary to run Timeless Youth MD, LLC and to ensure that all of our patients receive quality care. For example, we may use health information to review our treatment and services, and to evaluate the performance of our

staff and physicians in caring for you. We will get your written consent before making disclosures to others outside of Timeless Youth MD, LLC for health care operations purposes.

4. Appointment Reminders and Other Health Information. We may use your health information to send you reminders about future appointments. We may also send you refill reminders or other communications about your current medications. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We may contact you with information about new or alternative treatments or other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. However, we are not required to obtain your written authorization for face-to-face communications.
5. To People Assisting in Your Care. Timeless Youth MD, LLC will only disclose health information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited health information to allow a family member to pick up a prescription for you. Generally, we will get your written consent prior to making disclosures about you to family or friends. If you are able to make your own health care decisions, Timeless Youth MD, LLC will ask your permission before using your health information for these purposes. If you are unable to make health care decisions, Timeless Youth MD, LLC will disclose relevant health information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.
6. Research. Federal law permits Timeless Youth MD, LLC to use and disclose health information about you for research purposes, either with your specific, written authorization or in certain other circumstances. For example, a research project may involve comparing the health of patients who received one type of treatment to those who received another for the same condition. Before Timeless Youth MD, LLC uses or discloses your health information for research purposes, the project will go through a special approval process. Even without special approval, Timeless Youth MD, LLC may permit a researcher to use information in a limited way to determine whether the study or potential participants are appropriate, and identify patients included in their research project, as long as the researcher does not remove or take a copy of your health information. Timeless Youth MD, LLC will make a good faith effort to obtain your consent or refusal to participate in any research study, as required by law, prior to releasing any identifiable information about you to outside researchers.
7. Special Situations.
 - (a) As Required by Law. We will disclose health information about you when we are required to do so by federal, state or local law.

- (b) To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure must be only to someone able to help prevent the threat. In addition, Iowa law generally does not permit these disclosures unless we have your written consent, or when the disclosure is specifically required by law, including the limited circumstances in which Timeless Youth MD, LLC health care professionals have a “duty to warn.”
- (c) To Business Associates. Some services are provided by or to Timeless Youth MD, LLC through contracts with business associates. Examples include Timeless Youth MD, LLC’s attorneys, consultants, collection agencies and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.

8. Your health information may also be released in the following special situations:

- (a) Military and Veterans. If you are a member of the armed forces, we will release health information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release health information about foreign military personnel to the appropriate foreign military authority as required by law or with written consent.
- (b) Public Health Risks. We may disclose health information to public health authorities about you for public health activities. These disclosures generally include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting deaths;
 - Reporting child abuse or neglect, or abuse of a vulnerable adult;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products they may be using;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - Reporting to the FDA as permitted or required by law.
- (c) Health Oversight Activities. Timeless Youth MD, LLC may disclose health information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Iowa law requires that patient

identifying information (for example, your name, social security number, etc.) be removed from most disclosures for health oversight purposes, unless you have provided us with written consent for the disclosure.

- (d) Data Breach Notification Purposes. Timeless Youth MD, LLC may use or disclose your health information to provide legally required notices of unauthorized access or disclosure of your health information.
- (e) Lawsuits and Disputes. We may disclose health information about you in response to a valid court order or statutory authorization, or with your written consent. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the health information requested, as allowed by law.
- (f) Law Enforcement. We may release health information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order.

We may also release information to law enforcement that is not a part of the health record (in other words, non-health information) for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
 - If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- (g) Coroners, Medical Examiners, and Funeral Directors. We will release health information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties. Other disclosures from your health record will require the consent of a surviving spouse, parent, person(s) appointed by you writing or your legally authorized representative.
 - (h) National Security and Intelligence Activities. We will release health information

about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.

- (i) Protective Services for the President and Others. We will disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

9. The following uses and disclosures require us to give you an opportunity to object and opt out:

- (a) Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- (b) Disaster Relief. We may disclose your health information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

10. Your written authorization is required for other uses and disclosures. The following uses and disclosures of your health information will be made only with your written authorization:

- (a) Uses and disclosures of your health information for marketing purposes; and
- (b) Disclosures that constitute a sale of your health information

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to Timeless Youth MD, LLC will be made only with your written authorization. If you do give Timeless Youth MD, LLC an authorization, you may revoke it at any time by submitting a written revocation to Timeless Youth MD, LLC's Privacy Officer, and Timeless Youth MD, LLC will no longer disclose your health information under the authorization. But disclosure made in reliance on your authorization before you revoke it will not be affected by this revocation.

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

1. Right to Inspect and Copy. You have the right to inspect and receive a copy of your health information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Timeless Youth MD, LLC.

If you wish to inspect and copy health information, you must submit your request in writing to Privacy Officer/CEO. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.

We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Timeless Youth MD, LLC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. Right to Request Amendment. If you believe that health information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Timeless Youth MD, LLC.

To request a change to your information, your request must be made in writing and submitted to Privacy Officer/CEO. In addition, you must provide a reason that supports your request.

Timeless Youth MD, LLC 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:

- Was not created by Timeless Youth MD, LLC, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Timeless Youth MD, LLC;
- Is not part of the information which you would be permitted to inspect and copy;
or
- Is accurate and complete.

3. Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; or certain other disclosures.

To request this list of disclosures, you must submit your request in writing to Privacy Officer/CEO. Your request must state a time period for which you would like the accounting. You may receive one free accounting in any twelve (12) month period. We will charge you for additional requests.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. In addition, if you pay out-of-pocket in full for an item or service as you will be required by Timeless Youth MD, LLC, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations.

To request restrictions, you must make your request in writing to Privacy Officer/CEO. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

5. 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 only at work or only by mail.

To request confidential communications, you must make your request in writing to Privacy Officer/CEO. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.

6. Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice any time. This Notice is on our website: www.timelessyouthmd.com.

Changes to This Notice

The effective date of this Notice is March 7, 2019. We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. If the terms of this Notice are changed, Timeless Youth MD, LLC will provide you with a revised Notice upon request, and will post the revised Notice on our website: www.timelessyouthmd.com.

Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Timeless Youth MD, LLC, or to ask a question about this Notice, contact Privacy Officer/CEO at (515)-599-7972. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Protected Health Information

We are required to obtain a written authorization from you for most uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, Timeless Youth MD, LLC will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.