

SafeHaven Health

Notice of Privacy Practices

Effective Date: January 1, 2026

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

Our Commitment to Your Privacy

SafeHaven Health is committed to protecting the privacy and security of your Protected Health Information (PHI). We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices, and notify you following a breach of unsecured PHI.

How We May Use and Disclose Your Health Information

Treatment: To provide, coordinate, or manage your healthcare and related services, including consultations, prescriptions, laboratory testing, and referrals.

Payment: To obtain payment for services provided, including billing and claims management.

Healthcare Operations: For activities necessary to operate our practice, such as quality assessment, training, licensing, and administrative functions.

Appointment Reminders and Health-Related Communications: To contact you regarding appointments or treatment options.

As Required by Law: When disclosure is required by federal, state, or local law.

Public Health and Safety: To prevent or control disease or avert a serious threat to health or safety.

Business Associates: We may share your information with trusted third-party service providers (e.g., telehealth platforms, payment processors, and laboratories) who are required to safeguard your information through Business Associate Agreements.

With Your Authorization: Any other use or disclosure of your PHI will be made only with your written authorization, which you may revoke at any time.

Your Rights Regarding Your Health Information

You have the right to: Access and obtain a copy of your medical records. Request amendments to your health information. Request restrictions on certain uses or disclosures. Request confidential communications. Receive an accounting of disclosures. Obtain a paper or electronic copy of this notice. File a complaint if you believe your privacy rights have been violated.

Our Responsibilities

SafeHaven Health is required to: Maintain the privacy and security of your PHI. Provide you with this Notice of Privacy Practices. Abide by the terms of this notice. Notify you promptly if a breach occurs that may compromise your information. Obtain your authorization for uses and disclosures not described in this notice.

Telehealth and Electronic Communications

SafeHaven Health provides services through secure telehealth and electronic communication platforms. While we take reasonable steps to protect your information, electronic communications may carry inherent risks. By using our services, you acknowledge and accept these risks.

Changes to This Notice

We reserve the right to change this Notice of Privacy Practices at any time. Any revised notice will be effective for all health information we maintain and will be posted on our website with an updated

effective date.

Contact Information

If you have any questions about this notice or wish to exercise your rights, please contact:

SafeHaven Health

Privacy Officer

Chicago, Illinois, USA

Email: care@safehavenhealth.com

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>