



Notice of Privacy Practices

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

At Oasis Mental Wellness, PLLC ("OMW"), we are committed to protecting medical information about you. We create a record of care and services you receive directly from one of our providers. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices ("Notice") applies to all the records of your care generated by OMW.

This Notice will tell you about the ways in which OMW may use and disclose your protected health information ("PHI"). This Notice also describes your rights and certain obligations OMW has regarding the use and disclosure of PHI.

REGULATORY REQUIREMENTS

OMW is required by law to maintain the privacy of your PHI, to provide individuals with notice of OMW's legal duties and privacy practices with respect to PHI, and to abide by the terms described in the Notice currently in effect.

RIGHTS

You have the following rights regarding your PHI:

Restrictions

You may request that OMW restrict the use and disclosure of your PHI. To request restrictions, you must make your request in writing to our Privacy Officer using the applicable form from OMW. 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 restrictions to apply (e.g. your spouse).

Alternative Communications



You have the right to request that communications of PHI to you from OMW be made by particular means or particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your request must be made in writing using OMW's form and sent to the Privacy Officer. OMW will accommodate your reasonable requests.

Inspect and Copy

Generally, you have the right to inspect and copy your PHI that OMW maintains, provided you make your request in writing to OMW. If you request copies of your PHI, we may impose a reasonable fee to cover document generation and postage. If we deny access to your PHI, we will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed healthcare professional (who was not involved in the initial denial decision) designated as a reviewing official. If OMW does not maintain the PHI you request and if we know where that PHI is located, we will tell you how to redirect your request.

Amendment

If you believe that your PHI maintained by OMW is incorrect or incomplete, you may ask us to correct your PHI. Your request must be made in writing, and it must explain why you are requesting an amendment to your PHI. We can deny your request if your request relates to PHI (i) not created by OMW; (ii) not part of the records OMW maintains; (iii) not subject to being inspected by you; (iv) that is accurate and complete. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights to (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and OMW's denial attached; (iii) complain about the denial.

Accounting of Disclosures

You generally have the right to request and receive a list of the disclosures of your PHI we have made at any time during the six (6) years following the last date of your treatment. The list will not include disclosures made at your request, with your authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those (i) for treatment, payment, and healthcare operations; (ii) made to you; (iii) for OMW's patient list; (iv) for national security or intelligence purposes; or (v) to law enforcement officials. You should submit



any such request to OMW's Privacy Officer. OMW will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of the costs of providing a list.

Right to Copy of Notice

You have the right to receive a paper copy of this Notice upon request. To obtain a paper copy of this Notice, please contact the Privacy Officer at the address and contact information stated at the end of this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

OMW may use or disclose your PHI for the purposes described below without obtaining a written authorization from you. In addition, OMW and the members of its medical and allied health professional staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to carry out their treatment, payment and healthcare operations related to the organized healthcare arrangement.

For Treatment

OMW may use and disclose PHI while providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities of another healthcare provider.

For Payment

OMW may use and disclose PHI to bill and collect payment for the healthcare services provided to you. For example, OMW may need to give PHI to your health plan to be reimbursed for the services provided to you or to submit a Prior Authorization for a prescription medication. OMW may also disclose PHI to business associates, such as billing companies, claims processing companies and others that assist in processing health claims. OMW may also disclose PHI to other healthcare providers and health plans for the payment activities of such providers or health plans.

For Health Care Operations



OMW may use and disclose PHI as part of its operations, including for quality assessments and improvements, such as evaluating the treatment and services you receive and the performance of staff and providers in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, credentialing and peer review activities, and health care fraud and abuse detection or compliance, and management and administration. OMW may disclose to doctors, physician assistants, nurse practitioners, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, to help make sure OMW is complying with all applicable laws, and to help OMW continue to provide quality health care to its patients.

As Required by Law and Law Enforcement

OMW may use or disclose PHI when required to do so by applicable laws and when ordered to do so in a judicial or administrative proceeding. OMW may also use or disclose PHI upon a properly documented and limited request from law enforcement agencies.

For Public Health Activities and Public Health Risks

OMW may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, or notifying a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

For Health Oversight Activities

OMW may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs and compliance with civil rights laws.

Coroners, Medical Examiners and Funeral Directors

OMW may disclose PHI to coroners, medical examiners and funeral directors for the purpose of identifying a decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.



Research

Under certain circumstances, OMW may use and disclose PHI for medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication with those who received another, for the same condition.

To Avoid a Serious Threat to Health or Safety

OMW may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions

OMW may use and disclose PHI of military personnel or veterans under certain circumstances. OMW may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

Disclosures to You or for HIPAA Compliance Investigations

OMW may disclose your PHI to you or to your personal representative and is required to do so in certain circumstances described below in connection with your rights of access to PHI and to an accounting of certain disclosures of your PHI. OMW must disclose your PHI to the secretary of the United States Department of Health and Human Services ("the Secretary") when requested by the Secretary in order to investigate OMW's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996.

Patient List; Marketing

OMW may use some of your PHI to maintain a list of patients it has served. This information may include your name, treatment facility and the services OMW has provided to you. This patient list and the information on it will not be used for marketing purposes without your consent.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care

Unless you object, OMW may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your healthcare or payment for your healthcare.



SMS PRIVACY POLICY

"SMS Consent, and phone numbers collected for SMS communication purposes will not be shared with any third party or affiliates for marketing purposes."

SMS CONSENT FOR COMMUNICATION

1 - SMS Consent Communication:

The information such as Phone Numbers obtained as part of the SMS consent process will not be shared with third parties for marketing purposes.

2 - Types of SMS Communications:

If you have consented to receive text messages from Oasis Mental Wellness, you may receive messages related to the following:

- Appointment reminders
- Follow-up messages
- Billing inquiries

Example: "Hello, this is a friendly reminder of your upcoming appointment with PA Lydia Ramos at the Cary Office located on 515 Keisler Dr Ste 104 Cary, NC 27518 on February 12th at 2pm. Reply STOP to opt out of SMS messaging from Oasis Mental Wellness, PLLC at any time."

3- Message Frequency:

Message frequency may vary depending on the type of communication. For example, you may receive up to 3 messages per week related to your appointments.



4- Potential Fees for SMS Messaging:

Please note that standard message and data rates may apply, depending on your carrier's pricing plan. These fees may vary if the message is sent domestically or internationally.

5- Opt-In Method:

You may opt-in to receive SMS messages from Oasis Mental Wellness, PLLC in the following ways:

- By submitting an online form

6- Opt-Out Method:

You can opt out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. Alternatively, you can contact us directly to request removal from our messaging list.

7- Help:

If you are experiencing any issues, you can reply with the keyword HELP. Or, you can get help directly from us by reaching out via phone to (919) 704-7324 or by email at info@oasis-mw.com or at www.oasis-mw.com

Additional Options:

- If you do not wish to receive SMS messages, you can choose not to check the SMS consent box on our forms.

8- Standard Messaging Disclosures:

- Message and data rates may apply.
- You can opt out at any time by texting "STOP."



- For assistance, text "HELP" or visit our Privacy Policy page www.oasis-mw.com which includes the SMS Terms and Conditions
- Message frequency may vary

OTHER USES AND DISCLOSURES

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, with some limitations; you have the right to revoke your authorization in writing. If you revoke your authorization, OMW will no longer use or disclose PHI about you for the reasons covered in your written authorization. Please understand that OMW is unable to recover any disclosures already made with your authorization, and that OMW is required to retain records of the care provided to you.

RIGHT TO FILE A COMPLAINT

At OMW, we value the relationships we develop with our patients, our patients' privacy, and the trust our patients have in us. As such, we make every effort to remedy any issues or concerns you may have. You may submit any complaint regarding your privacy rights to:

Privacy/Security Officer

Lydia Ramos, MMS, PA-C

Oasis Mental Wellness, PLLC

info@oasis-mw.com

(919) 704-7324

You also have the right to file a complaint with the secretary of the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint. You may contact the Office for Civil Rights at:

Office for Civil Rights



hhs.gov/ocr/complaints/index.html (see website for detailed instructions on how to mail, fax or complete an online complaint)

PLEASE CONTACT THE PRIVACY OFFICER IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OF PRIVACY PRACTICES OR YOUR PRIVACY RIGHTS.