

NOTICE OF PRIVACY PRACTICES

Effective February 16, 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.

Eclipse Mental Health Services is committed to protecting the privacy of your health information. This Notice explains how we may use and disclose your protected health information (PHI), your rights, and our legal obligations under the **2026 HIPAA Privacy Rule** and **42 CFR Part 2**.

1. OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of Privacy Practices
- Notify you if a breach occurs that compromises your PHI
- Follow the terms of this Notice
- Not retaliate against you for exercising your rights

We may update this Notice at any time. The most current version will be available in our office and on our website.

2. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use or disclose your PHI **without your written authorization** for the following purposes:

A. Treatment

To provide, coordinate, or manage your medical care.

Example: communicating with your referring physician or radiologist.

B. Payment

To bill and collect payment for services.

Example: submitting claims to your insurance plan.

C. Healthcare Operations

For practice management, quality improvement, training, and compliance.

D. Business Associates

We may share PHI with vendors who assist us (billing, IT, transcription). They must protect your information.

3. SPECIAL PROTECTIONS FOR SENSITIVE INFORMATION

A. Substance Use Disorder (SUD) Information — 42 CFR Part 2

If we maintain any SUD treatment information, it is protected by **federal confidentiality rules**.

We **cannot** disclose SUD information without your written consent unless:

- Required by a valid court order
- Needed for a medical emergency
- Required for audit or evaluation
- Otherwise permitted by 42 CFR Part 2

Redisclosure is prohibited unless allowed by law

B. Reproductive Health Information

Under the 2026 HIPAA Privacy Rule:

- We **will not disclose** PHI related to reproductive health care to law enforcement **without a valid court order** or a HIPAA? permitted exception.
- We **will not disclose** PHI for investigations related to lawful reproductive care.
- You may request restrictions on disclosures related to reproductive health.

C. Mental Health, HIV, Genetic Testing, and Other Sensitive PHI

Certain state and federal laws require additional protections. We will follow all applicable laws..

4. OTHER PERMITTED USES AND DISCLOSURES

We may use or disclose PHI without your authorization for:

- Public health reporting
- Abuse, neglect, or domestic violence reporting
- Health oversight activities
- Judicial or administrative proceedings (with proper legal authority)
- Coroners, medical examiners, and funeral directors
- Organ donation
- Research (with required approvals)
- Serious threats to health or safety
- Workers' compensation

5. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We must obtain your written authorization for:

- **Marketing** communications not permitted by HIPAA
- **Sale of PHI**
- **Most sharing of psychotherapy notes**
- **Any use or disclosure not described in this Notice**

You may revoke your authorization at any time in writing.

6. YOUR RIGHTS

A. Right to Access

You may inspect or obtain a copy of your PHI, including electronic copies.

You may direct us to send your PHI to a third party.

We will provide access within **30 days**.

Reasonable, cost-based fees may apply.

B. Right to Request Restrictions

You may request restrictions on how we use or disclose your PHI.

We **must** agree to restrict disclosures to your health plan **if you pay out-of-pocket in full** for the service.

C. Right to Request Confidential Communications

You may request that we contact you by alternative means (e.g., different phone number or address).

D. Right to Amend

You may request an amendment to your PHI if you believe it is incorrect or incomplete.

E. Right to an Accounting of Disclosures

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

F. Right to Receive a Paper or Electronic Copy of This Notice

You may request a copy at any time.

G. Right to Opt Out of Unsecured Electronic Communications

If you prefer not to receive unencrypted emails or texts, you may opt out at any time.

7. BREACH NOTIFICATION

If a breach occurs that compromises your PHI, we will notify you:

- **Without unreasonable delay**, and
- **No later than 60 days** after discovery

8. COMPLAINTS

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

With Eclipse Mental Health Services: 817 S. Elm Place Suite C. Broken Arrow, OK. 74021

With the U.S. Department of Health and Human Services (HHS):

Office for Civil Rights

www.hhs.gov/ocr/privacy

We will not retaliate against you for filing a complaint.

9. CONTACT INFORMATION

If you have questions about this Notice, contact: 918-940-4734

Privacy Officer

Kym - Office Manager

PATIENT ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the **AES Notice of Privacy Practices**, effective February 16, 2026.

| | |
|---|------|
| Please sign your name below * | |
| <hr/> | |
| Signature | Date |
| <hr/> | |
| <input type="checkbox"/> I am the parent/guardian of this patient | |

February 11, 2026