

NOTICE OF PRIVACY PRACTICES

Effective Date: 9/19/2025

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.

Who We Are

COBC Brands Direct Primary Care LLC d/b/a Colorado Springs Health Collective – Direct Primary Care (“the Practice”)

1497 Solitaire St, Colorado Springs, CO 80905

Privacy Officer: Logan Crist, PA-C • Email: dpc@coshealthcollective.com

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured PHI.

We will not retaliate against you for filing a complaint.

How We May Use and Disclose Your Information

We typically use or share your PHI in these ways:

- Treatment. To provide, coordinate, or manage your care and related services (e.g., consulting with specialists, sharing prescriptions with pharmacies, coordinating labs/imaging).
- Payment. To obtain or process payment for services you receive (e.g., membership fees and any non-membership services).
- Health Care Operations. For quality assurance, training, credentialing, legal/compliance, and business operations that support safe, effective practice management.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose PHI without your authorization as allowed by law, including: public health activities; health oversight activities; required reporting; judicial/administrative proceedings; law enforcement purposes; to avert a serious threat to health or safety; coroners/medical examiners; organ/tissue donation; workers' compensation; and as otherwise required by federal or Colorado law.

Note on fundraising/marketing/sale of PHI: We do not sell PHI and do not use PHI for fundraising. If we ever send forms of marketing that require authorization, we will obtain your written authorization first.

Uses and Disclosures That Require Your Authorization

We will not use or disclose your PHI for any purpose not described in this Notice unless you give us written authorization. Certain uses/disclosures always require your written authorization,

including most marketing communications and any sale of PHI. If you authorize a use or disclosure, you may revoke that authorization at any time in writing; we will stop future uses/disclosures based on that authorization after we receive your revocation.

Your Rights

You have the right to:

- Get an electronic or paper copy of your record. Ask how to access or get copies; reasonable cost-based fees may apply.
- Ask us to correct your record if you think it is incomplete or inaccurate; we may deny a request in certain cases, but we'll tell you why in writing within 60 days.
- Request confidential communications (for example, to contact you at a different address/phone or via secure portal). We will accommodate reasonable requests.
- Request restrictions on how we use/share your PHI for treatment, payment, or operations. We aren't required to agree, except as noted below.
- Out-of-pocket restriction (mandatory). If you pay in full for a service out-of-pocket, you may request that we not disclose information about that service to your health plan for payment or operations. We must agree to this request unless a law requires the disclosure.
- Get a list ("accounting") of certain disclosures we've made in the past 6 years (excludes treatment, payment, and operations, among other exceptions).
- Get a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Choose someone to act for you. If you have given someone medical power of attorney or have a legal guardian, that person can exercise your privacy rights and make choices about your health information; we will verify authority before acting.

Our Duties If There's a Breach

We will promptly notify you following a breach of unsecured PHI, including what happened, what information was involved, steps you can take, and what we are doing to mitigate the harm.

Changes to This Notice

We may change this Notice, and the changes will apply to PHI we already have as well as information we receive in the future. The current Notice will be posted at our office and on our website, and a copy will be available upon request.

Questions or Complaints

If you have questions, want to exercise your rights, or believe your privacy rights have been violated, contact the Privacy Officer listed above. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

— — — ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES — — —

I, the undersigned, acknowledge that I received (or was offered) a copy of the Practice's Notice of Privacy Practices and had an opportunity to ask questions.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

PRACTICE ACCEPTANCE

COBC Brands Direct Primary Care LLC d/b/a Colorado Springs Health Collective – Direct Primary Care

By: _____ Date: _____

Name (Print): _____ Title: _____