Notice of Privacy Practices

Grow Well Cleveland LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: July 27, 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.

1. Our Commitment to Your Health Information

Grow Well Cleveland LLC ("Grow Well," "we," "us," or "our") understands that information about you and your health care is personal. We create and maintain records of the care and services you receive in order to provide quality care and meet legal requirements. This Notice applies to health information created or received by Grow Well.

We are required by law to maintain the privacy and security of your protected health information ("PHI"), provide you with this Notice of our legal duties and privacy practices, follow the terms of the Notice currently in effect, and notify you if a breach occurs that may have compromised the privacy or security of your unsecured PHI.

We may change the terms of this Notice. Any revised Notice will apply to all PHI we maintain. The revised Notice will be available upon request, at our office, and on our website, if we maintain one.

2. Records Subject to 42 CFR Part 2

Some of the services Grow Well provides may involve diagnosis, treatment, or referral for treatment of a substance use disorder ("SUD"). **To the extent that we create or maintain records subject to 42 CFR Part 2 ("Part 2 records"), those records receive the additional protections described in this Notice and under applicable law.**

For Part 2 records, we are required to obtain your written consent for most uses and disclosures, except when Part 2 specifically permits or requires a use or disclosure without consent. A consent for Part 2 records may permit certain future uses and disclosures for treatment, payment, and health care operations as allowed by Part 2. You may revoke a consent in writing to the extent permitted by law.

We are required by law to maintain the privacy and security of Part 2 records. We must follow the duties and privacy practices described in this Notice and give you a copy of it.

Part 2 records and testimony relaying the content of Part 2 records may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless the use or disclosure is based on your written consent or a court order entered after you or the holder of the record has received notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the record is used or disclosed.

3. How We May Use and Disclose Your PHI

The following categories describe the principal ways we may use or disclose your PHI. Not every use or disclosure within a category is listed. All uses or disclosures we make will fall within one of these categories or otherwise be permitted or required by law.

Treatment

We may use and disclose PHI to provide, coordinate, or manage your health care and related services. For example, a clinician may consult with another licensed health care provider about your condition, or refer you to another provider. Disclosures for treatment are not limited to the minimum necessary standard.

Part 2 limitation: If the information is a Part 2 record, the use or disclosure is subject to Part 2 and may require your written consent unless a specific Part 2 exception applies.

Payment

We may use and disclose PHI to bill for and receive payment for services provided to you, including submitting information to a health plan or insurer for reimbursement.

Part 2 limitation: Uses and disclosures of Part 2 records for payment are subject to Part 2 and may require your written consent unless otherwise permitted by Part 2.

Health Care Operations

We may use and disclose PHI for our health care operations, including quality assessment, supervision and training, compliance activities, and business planning.

Part 2 limitation: Uses and disclosures of Part 2 records for health care operations are subject to Part 2 and may require your written consent unless otherwise permitted by Part 2.

Other Uses and Disclosures Permitted or Required by Law

Subject to applicable law and the Part 2 limits described in this Notice, we may use or share your PHI without written authorization for:

- When required by state or federal law and the use or disclosure complies with and is limited to the requirements fo such law;
- Public-health activities;
- Reporting suspected abuse, neglect, or domestic violence, when permitted or required by law;
- Health-oversight activities, and certain law-enforcement purposes, including audits and investigations;
- Workers' compensation and coroner or medical-examiner functions;

· Research, when legally permitted such as studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition;

- Specialized government functions; and

· Preventing or reducing a serious threat to health or safety.

· To contact you with appointment reminders, treatment alternatives, or health-related benefits or services offered by Grow Well that may be of interest to you.

Judicial and Administrative Proceedings

We may disclose PHI in response to a valid court or administrative order and, where permitted by law, a subpoena, discovery request, or other lawful process. We will seek to ensure that applicable notice, protective-order, and authorization requirements are met.

Part 2 limitation: The separate Part 2 legal-proceedings restriction in Section 2 applies to any Part 2 record.

Family, Friends, and Others Involved in Your Care

Unless you object, we may disclose PHI to a family member, friend, or other person you identify as involved in your care or payment for your care, to the extent relevant to that involvement. We may obtain your agreement or provide an opportunity to object, including retroactively in an emergency when permitted by law.

Part 2 limitation: Disclosures of Part 2 records to family, friends, or other persons are subject to Part 2 and may require your written consent unless a specific Part 2 exception applies.

4. Uses and Disclosures Requiring Your Written Authorization

We need your written permission before we use or share your PHI, unless this Notice or the law allows or requires us to do so without it. You may cancel your permission in writing at any time. This will not affect actions we already took based on your permission.

We will obtain your written authorization before:

· Using or disclosing psychotherapy notes (defined below), except as otherwise permitted or required by law;

· Making other uses or disclosures not described in this Notice.

As a behavioral health provider, we will not sell your PHI.

Psychotherapy Notes

We may maintain "psychotherapy notes" as defined in HIPAA. These are generally the notes that a therapist takes during a counseling session which are not part of your medical record. They are merely there to jog a therapist's memory and to support what that therapist ultimately enters as your formal treatment record. We will obtain your

authorization before using or disclosing psychotherapy notes except where HIPAA permits or requires use or disclosure without authorization, including for treatment by the originator of the notes; certain training or supervision activities; our defense in a legal proceeding initiated by you; oversight by the Secretary of Health and Human Services; a use or disclosure required by law; certain oversight activities concerning the originator; a coroner's authorized duties; or to avert a serious threat to health or safety.

Part 2 Records

If your information is a Part 2 record, Part 2's consent rules apply in addition to HIPAA. We will not rely on a general HIPAA authorization to make a use or disclosure of a Part 2 record unless the authorization also satisfies applicable Part 2 requirements.

5. Your Rights Regarding PHI

You have the following rights regarding PHI that we maintain about you:

Right to Request Restrictions

You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations. We are not required to agree to your request except where the law requires us to do so. You may also ask us not to disclose information to your health plan for payment or health care operations if the information relates solely to a service you paid for out of pocket in full.

Right to Request Confidential Communications

You may ask us to contact you in a particular way or at a particular location. For example, you may ask that we contact you only at work or send mail to a different address. We will accommodate reasonable requests.

Right to Inspect and Obtain a Copy

With limited exceptions, you have the right to inspect and obtain an electronic or paper copy of your medical record and other PHI we maintain about you. Psychotherapy notes are excluded. We will respond to your written request within the time required by law and may charge a reasonable, cost-based fee where permitted.

Right to Request Amendment

If you believe PHI we maintain about you is incorrect or incomplete, you may ask us to amend it. We may deny the request in certain circumstances, but we will give you a written explanation as required by law.

Right to an Accounting of Disclosures

You may request a list of certain disclosures we have made of your PHI. The list will cover the period required by law and is subject to applicable exceptions.

Right to a Paper or Electronic Copy of This Notice

You have the right to receive a paper copy of this Notice upon request, even if you agreed to receive it electronically.

Additional Rights Concerning Part 2 Records

To the extent we maintain Part 2 records about you, you may make a complaint if you believe your rights concerning those records have been violated. We will not retaliate against you for making a complaint or exercising your privacy rights.

6. Our Responsibilities

We are required to maintain the privacy and security of your PHI, follow the duties and privacy practices in this Notice, and provide you a copy of it. We will not retaliate against you for filing a complaint.

If we disclose any of your PHI pursuant to the lawful methods described this Notice, such PHI is no longer deemed protected by the Privacy Rule and may be redisclosed by the recipient.

If we revise this Notice, the revised Notice will be available at our office, on our website if we maintain one, and upon request. We will make the revised Notice available as required by law.

7. Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with Grow Well or with the Secretary of the U.S. Department of Health and Human Services at https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

You will not be retaliated against for filing a complaint.

To file a complaint with Grow Well or to obtain further information about this Notice, contact:

Privacy Officer
Grow Well Cleveland LLC
Hope Kestner

hope@growwellcle.com.

8. Acknowledgment of Receipt

By signing or electronically acknowledging receipt of this Notice, you acknowledge that you received a copy of Grow Well Cleveland LLC's Notice of Privacy Practices. Your acknowledgment does not authorize any use or disclosure of your PHI.