

NOTICE OF PRIVACY PRACTICES

Let's Grow Therapeutics

Effective Date: 2/24/26

This Notice describes how medical information about you and your child may be used and disclosed, and how you can access this information. Please review it carefully.

OUR LEGAL DUTY

Let's Grow Therapeutics is required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

Protected Health Information (PHI) includes information about your child's health condition, treatment, and payment for services that identifies your child.

HOW WE MAY USE AND DISCLOSE PHI

We may use and disclose PHI for the following purposes:

1. Treatment

We may use or share information to provide, coordinate, or manage therapy services.

Examples:

- Sharing information with your child's pediatrician
 - Collaborating with other healthcare providers
 - Consulting with another therapist
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2. Payment

We may use and disclose PHI to obtain payment for services.

Examples:

- Providing documentation required for reimbursement

3. Healthcare Operations

We may use PHI for practice operations, including:

- Quality improvement
- Staff training
- Business management
- Licensing and compliance

OTHER PERMITTED DISCLOSURES

We may disclose PHI without your written authorization when required by law, including:

- Public health reporting
- Suspected abuse or neglect
- Health oversight activities
- Court orders or subpoenas
- Serious threat to health or safety

USES THAT REQUIRE WRITTEN AUTHORIZATION

We will obtain your written authorization for:

- Marketing purposes
- Any disclosure not described in this Notice

You may revoke authorization at any time in writing.

YOUR RIGHTS REGARDING PHI

You have the right to:

1. Access

Request to inspect or obtain a copy of your child's medical record.

2. Amend

Request correction of inaccurate or incomplete information.

3. Restrict Disclosures

Request limits on how we use or disclose PHI (we may not be required to agree).

4. Confidential Communications

Request communication in a specific way (e.g., alternate phone number).

5. Accounting of Disclosures

Request a list of certain disclosures made without your authorization.

6. Paper Copy

Request a paper copy of this Notice at any time.

ELECTRONIC COMMUNICATION

If you choose to communicate via email, text message, or electronic portal:

- These methods may not be fully secure.
- By initiating electronic communication, you acknowledge potential privacy risks.

We will take reasonable safeguards but cannot guarantee complete security.

PHOTOGRAPHY & SOCIAL MEDIA

We will not use your child's name, image, or identifiable information for marketing or social media without separate written consent.

BREACH NOTIFICATION

If a breach of unsecured PHI occurs, we will notify you as required by federal law.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Updated versions will be posted in our office and on our website.

COMPLAINTS

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

Let's Grow Therapeutics
info@letsgrowtherapeutics.com

You may also file a complaint with:

U.S. Department of Health & Human Services
Office for Civil Rights
www.hhs.gov/ocr

You will not be penalized for filing a complaint.

CONTACT

If you have questions about this Notice, please contact:

Let's Grow Therapeutics
info@letsgrowtherapeutics.com