Notice of Privacy Practices

Mango Massage LLC (dba Mango Massage Wellness & Training) · 708 Telephone Rd, Ste D, Houston, TX 77023 · 713-518-1008 · april@mangomassagetherapy.com

Effective date: November 1, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our responsibilities

We are required by law to keep your protected health information (PHI) private, to give you this notice of our legal duties and privacy practices, to follow the terms of the notice currently in effect, and to notify you if a breach of your unsecured health information occurs. We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.

How we use and share your health information

Treatment. We use your intake answers, health history, and session notes to provide safe, appropriate massage. We may share information with other providers involved in your care, such as your VA provider when you are seen through a VA referral.

Payment. We use and share information to get paid for your services. For VA Community Care visits, this includes sharing information with the U.S. Department of Veterans Affairs, TriWest Healthcare Alliance, and their claims processors, and returning your visit notes to the VA as required by your referral.

Health care operations. We use information to run our practice, check the quality of our services, keep records, and meet licensing and insurance requirements.

Appointment reminders. We may contact you by phone, text, or email to confirm or remind you of appointments. Reminders contain only basic appointment details.

Business associates. We use outside companies to schedule appointments, store forms and records, send faxes, and submit claims. Each one signs an agreement to protect your information.

Other uses and disclosures we may make without your authorization

We may share your information when required or permitted by law, including:

- When required by federal, state, or local law
- For public health and safety, such as reporting suspected abuse, neglect, or a serious threat to someone's health or safety
- For health oversight, such as audits, investigations, and licensing reviews, including by the Texas Department of Licensing and Regulation
- In response to a court or administrative order, subpoena, or other lawful process
- For law enforcement purposes as allowed by law
- To a coroner or medical examiner
- For workers' compensation claims
- For specialized government functions, including military and veterans' activities

Uses that require your written authorization

We will not use or share your information for marketing, will never sell your information, and will not share it for any other purpose not described in this notice without your written permission. You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

Your rights

Get a copy of your records. You can ask to see or get a copy of your health records. We will provide a copy, or a summary, usually within 30 days of your request. If you ask for a copy of records we keep electronically, Texas law requires us to provide it in electronic form within 15 business days. We may charge a reasonable, cost-based fee.

Ask us to correct your records. You can ask us to correct information you think is incorrect or incomplete. We may say no, but we will tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way, such as by a different phone number or address. We will agree to reasonable requests.

Ask us to limit what we use or share. You can ask us not to use or share certain information. We are not required to agree, except that if you pay for a service in full yourself, you can ask us not to share information about that service with a health plan for

payment purposes, and we will agree unless the law requires us to share it.

Get a list of those we have shared information with. You can ask for a list of the times we have shared your information in the past six years, other than for treatment, payment, operations, and certain other disclosures. We provide one list a year for free.

Get a paper copy of this notice. You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. A copy is available in our suite and at mangomassagetherapy.com/privacy-practices.

Choose someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

File a complaint. If you believe your privacy rights have been violated, you can contact us using the information below. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue SW, Washington, DC 20201, by calling 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Texas law

Texas law may give you additional privacy protections. We will not electronically disclose your health information to anyone outside our practice except as allowed by law, and when the law requires it, we will notify you before an electronic disclosure.

Changes to this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our suite, and on our website.

Contact

Privacy Officer: April Hoyns, LMT #138130 Mango Massage Wellness & Training · 708 Telephone Rd, Ste D, Houston, TX 77023 Phone: 713-518-1008 · Fax: (713) 400-4634 · Email: april@mangomassagetherapy.com