

Notice of Privacy Practices (HIPAA)

Effective Date: February 4, 2026

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

Our Commitment to Your Privacy

Halo Health & Wellness is committed to protecting the privacy of your health information. 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
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How We May Use and Disclose Your Health Information

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your care. This includes communication among clinicians, staff, pharmacies, laboratories, and other healthcare providers involved in your care, including medical weight management and GLP-1-based therapies.

Payment

We may use and disclose your PHI to obtain payment for services provided to you, including billing, insurance verification, and claims processing, as applicable.

Healthcare Operations

We may use your PHI for healthcare operations, including:

- Quality assessment and improvement activities
 - Training and education of staff
 - Business planning, management, and administrative purposes
 - Compliance, auditing, and legal activities
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Other Permitted or Required Uses and Disclosures

We may also use or disclose your PHI:

- When required by federal or state law
 - For public health and safety activities
 - For health oversight activities
 - For law enforcement purposes, as permitted by law
 - To prevent or lessen a serious and imminent threat to health or safety
 - For workers' compensation or similar programs
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Uses and Disclosures Requiring Your Authorization

We will obtain your **written authorization** before using or disclosing your PHI for purposes not described in this Notice, including:

- Marketing activities
- Sale of health information

You may revoke your authorization at any time in writing, except to the extent that action has already been taken based on your authorization.

Your Rights Regarding Your Health Information

You have the right to:

- **Access Your Records:** Request to inspect or obtain a copy of your health records.
 - **Request Corrections:** Ask us to correct health information you believe is inaccurate or incomplete.
 - **Request Restrictions:** Ask us to limit how your PHI is used or disclosed. We are not required to agree to all requests.
 - **Request Confidential Communications:** Ask that we communicate with you in a specific way or at a specific location.
 - **Receive an Accounting of Disclosures:** Request a list of certain disclosures of your PHI.
 - **Receive a Paper Copy:** Request a paper copy of this Notice at any time.
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Our Responsibilities

Halo Health & Wellness will:

- Protect your PHI using appropriate administrative, technical, and physical safeguards
- Notify you promptly if a breach occurs that may have compromised your information
- Use or disclose your PHI only as permitted by law or as described in this Notice

Changes to This Notice

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain. Any updated Notice will be posted on our website and available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Halo Health & Wellness or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Information

Halo Health & Wellness

Privacy Officer: Mark Whitney

Email: Mark@HaloHealthWellness.org

Serving Patients In: Illinois and Iowa

Important Notice

This Notice applies to protected health information created or received by Halo Health & Wellness as part of healthcare services. Information submitted through website contact forms or general inquiries may not be considered PHI unless and until you become a patient.