

ASSESSMENT SERVICES INC.' NOTICE OF PRIVACY PRACTICES

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

Protected Health Information (“PHI”)

Protected Health Information or “PHI” includes all information pertaining to you including information that identifies you (e.g. name, address, birth date, etc.) and information related to treatment provided to you by ASI. ASI is required to follow practices that protect your PHI from being disclosed to others verbally or through releasing your paper or electronic records. ASI complies with the guidelines of state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA Privacy and Security Rules) and 42 CFR, Part 2 Effective February 16, 2026.

How Your Protected Information May be Used & Disclosed. Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule. The following are ways in which we may use or disclose your Protected Health Information without your written authorization:

- **Treatment Purposes.** We may use or disclose your PHI for treatment purposes. It may be necessary for us to communicate with other health care providers providing treatment to facilitate that treatment or for employees within ASI to exchange information necessary to provide, coordinate or manage the quality of your care. An example is the consultation between a counselor and their supervisor regarding your care.
- **Payment Purposes.** Your Protected Health Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Health Information so that treatment and services provided by us may be billed and collected from you, your insurance company, or other third party payor. For example, we may disclose your Protected Health Information to your health insurance carrier to obtain prior approval for a service. We may also release your Protected Health Information to another health care provider or individual or entity covered by the HIPAA regulations who has a relationship with you for their payment activities. For example, we may disclose information to your health insurance carrier upon its request for additional information necessary for it to determine whether a service is covered.
- **Health Care Operations.** Your Protected Health Information may also be used for health care operations, which are necessary to ensure our clinic provides the highest quality of care. For example, your Protected Health Information may be used for quality assurance or risk management purposes or disclosed to our accountant for auditing purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Health Information to another individual or entity covered by

the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students. For example, we may disclose information to another health care provider involved in your care if the provider requests the information is necessary for its evaluation of one of its medical students. We may also release information to business associates who may perform various treatment, payment or operation functions.

- **Notification and Communications to Individuals Involved in Your Care.** Unless you have informed us otherwise, your Protected Health Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Health Information disclosed for notification purposes will be limited to your name, location and general condition. In addition, unless you have informed us otherwise, Protected Health Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact us.
- **Disaster Relief.** In the event of a disaster we may provide information to public or private entities as needed to facilitate treatment, locate family members or caregivers, and to facilitate public health needs.
- **Psychotherapy Notes.** In the event psychotherapy notes are maintained as part of your health information, those notes will not be used or disclosed except in limited circumstances without your authorization. Such authorization is not needed and will not be obtained if such notes are used by the person who created them, in a reasonable training program for the clinic, or as otherwise allowed by law.
- **Research Purposes.** In some instances, your Protected Health Information may be used or disclosed for research purposes. All research projects which use Protected Health Information are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you as the patient will be removed.

- **Authorized by Law.** We may also use or disclosure your protected health information without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, child or dependent adult abuse reporting, law enforcement, organ donation, medical examiners and coroners, workers compensation processes, specialized government functions, to avert a serious threat to public health or safety, and to comply with the law. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.
- **More Stringent Laws.** Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, and mental health information are given more protection under Iowa law and substance abuse and genetic information are given more protection under federal law. In the event your Protected Health Information is afforded greater protection under federal or Iowa law, we will comply with the applicable law.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, disclosures that constitute a sale of your Protected Health Information or uses and disclosures for marketing purposes require your written authorization. If you provide us permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Your Health Records

- **Right to Read and Copy Your Records.** You have the right to read and receive copies of your electronic or paper medical records which includes mental health/medical, billing, and any other records that are used to make decisions about your care. Your right to access to your records will be restricted only where there is compelling evidence that to do so would cause serious harm to you or if the information is contained in separately maintained psychotherapy or case notes. If we deny your request or restrict your access to your records, we will explain our decision and you have the right to protest this decision.
- **Right to Amend.** If you feel that any information we have documented about you is incorrect or incomplete, you may ask us to amend the information. We must act on your request to amend within 60 days and notify you of any delay which would require us to extend the deadline by the permitted 30 day extension. If we deny your request we will explain our decision and you have the right to protest this decision.
- **Right to Revoke Authorization to Disclose Information.** When you have provided written, signed authorization for ASI to use or disclose any of your PHI, you may revoke

this permission at any time. This revocation will only affect disclosure of information after the date of the revocation.

- **Right to an Accounting of Disclosures.** You have the right to obtain an accounting of certain disclosures by ASI of your PHI for up to past six years.
- **Right to Request Confidential Communication.** You have the right to request that ASI communicate with you about health matters in a certain way or at a certain location. For example, you may request that we send correspondence to a work address rather than your home address. We will accommodate reasonable requests.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we are required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to Restrict Certain Disclosures of PHI.** You have the right to restrict PHI disclosures to health plans/insurance companies if you pay out of pocket in full or for services.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice in paper and/or through electronic means.

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 Protected Health Information.

Requests/Complaints

For questions or to request to review or receive copies of your records, contact: Privacy Officer, ASSESSMENT SERVICES INC., 440 FAIRWAY DRIVE, Suite 200, West Des Moines, IA 50266, or call (515) 327-7036. To file a complaint if you believe we have violated your privacy rights, you have the right to submit your complaint in writing to our Privacy Officer and/or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling (202) 619-0257. **We cannot and will not retaliate against you for filing a complaint.**

Effective Date

This notice is effective February 16, 2026. We reserve the right to revise our practices with respect to Protected Health Information and to amend this notice. Should our practices change, we will post our revised Notice of Privacy Practices on our website at www.assessmentiowa.com In addition, a current notice of our privacy practices may be obtained from our office by calling (515) 327-7036, via email request to klindholm@assessmentiowa.com, or by mail to Privacy Officer, ASSESSMENT SERVICES INC., 440 Fairway Drive Suite 200, West Des Moines, IA 50266. Comprehensive information about HIPAA and your privacy rights can be found at <http://www.hhs.gov/ocr/privacy/index.html>.

Non-discrimination statement and language availability.

Assessment Services Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

