

Notice of Privacy Practices

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.

Our promise

NovoTelehealth HI Inc. (“NovoTelehealth,” “we”) provides outpatient psychiatric care by video and phone. We are required by law to keep your health information private, to give you this notice of our legal duties and privacy practices, to follow the notice currently in effect, and to notify you if there is a breach of your unsecured health information. Mental-health information is especially personal; we share only what is needed.

How we may use and share your information

Treatment

We use your information to evaluate and treat you, and may share it with other people caring for you — for example, your primary care doctor, pediatrician, therapist, or pharmacy — to coordinate your care.

Payment

We share information with your health plan and our billing partner to check your benefits, obtain authorizations, and get paid. For example, we send your name, date of birth, insurance details and insurance-card images to our billing company to verify your coverage.

Health-care operations

We use information to run our practice and improve care — for example, quality review, staff training, scheduling, and legal and compliance work. We work with “business associates” (such as billing, secure email and cloud-storage vendors) who must sign agreements to protect your information.

Contacting you

We may contact you by text, phone, or email about appointments, forms, and billing, using the method you choose. You can ask us to use a different method.

Other uses and disclosures allowed or required by law

We may share information without your written permission only when the law allows or requires it, including:

- **To prevent serious harm:** to prevent or lessen a serious and imminent threat to your health or safety or that of others.
- **Abuse or neglect:** to report suspected child abuse or neglect, or abuse of a vulnerable adult, as Hawai‘i law requires.
- **Public health and health oversight:** for example, disease reporting or audits by government agencies.
- **Legal proceedings and law enforcement:** in response to a court order, subpoena or other lawful process, within legal limits.

- **As required by law:** when federal or Hawai‘i law requires it, including to the U.S. Department of Health and Human Services to show we comply with privacy law.
- **Special situations:** to coroners or medical examiners; for workers’ compensation; for certain military, veterans or national-security purposes; and for research only when approved privacy safeguards are met.

Hawai‘i law and other laws may give you more protection than federal law. When they do, we follow the stricter rule.

Uses that need your written permission

- **Psychotherapy notes** (a clinician’s separate private notes), with limited exceptions.
- **Marketing and sale** of your information. We do not sell your information.
- Any other use not described in this notice.

You may revoke a written permission at any time by telling us in writing, except for actions already taken.

Parents and guardians

For patients under 18, a parent or legal guardian generally acts for the patient and may access the record, except where Hawai‘i or federal law gives the minor rights of their own or access could endanger the patient. Please tell us about any custody order.

Your rights

- **See or get a copy** of your health and billing records, including an electronic copy. We will respond within 30 days and may charge a reasonable, cost-based fee.
- **Ask us to correct** information you believe is wrong or incomplete. We may say no, but we will tell you why in writing.
- **Ask for confidential communications**, such as a different phone number or address. We will agree to reasonable requests.
- **Ask us to limit** what we use or share. We are not required to agree, except: if you pay for a service in full yourself, you can ask us not to share that information with your health plan, and we will agree unless the law requires sharing.
- **Get a list** (accounting) of certain disclosures we made in the past six years.
- **Get a paper copy** of this notice at any time, even if you received it electronically.
- **Choose someone to act for you**, such as a legal guardian or someone with medical power of attorney.
- **Be told of a breach** that affects your information.

To use any of these rights, contact us using the information below.

Questions or complaints

If you believe your privacy rights have been violated, you may file a complaint with us, or with the U.S. Department of Health and Human Services Office for Civil Rights (www.hhs.gov/ocr/complaints, 1-877-696-6775). **We will not retaliate against you for filing a complaint.**

Privacy Officer: Cristina Sanchez-Jaquez, MD

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Changes to this notice

We may change this notice, and the change will apply to all information we have about you. The current notice is available on request, in our online forms, and on our website.

Acknowledgment. Patients (or parents/guardians) acknowledge receiving this notice as part of NovoTelehealth's new-patient forms. NPP version 2026-10-01. This notice does not create a contract. Not a crisis service — in an emergency call 911; for a mental-health crisis call or text 988.