

HORIZON INFUSIONS
NOTICE OF PRIVACY PRACTICES

Effective Date: August 15, 2025

**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.**

Scope of this Notice

This Notice applies to all records of your care created or received by Horizon Infusions, LLC or any of its subsidiaries or licensees (“we”, “our”, “us”). These records may include information about your medical condition, treatments, diagnostic tests, lab results, medications, prescriptions, billing details, and other related health information.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information (PHI); provide you with this Notice describing our legal duties and privacy practices; follow the terms of this Notice currently in effect; and notify you in the event of a breach of your unsecured PHI, as required by law.

You may request a paper or electronic copy of our Notice at any time. To do so, or to obtain additional information, please contact us using the information listed at the end of this Notice.

How We May Use and Disclose Your Health Information Without Your Authorization

The following categories describe the different ways that we may use and disclose your health information without your permission:

Treatment. We may use and disclose your health information to provide, coordinate, or manage your medical care. For example, we may share information with a specialist or another healthcare provider involved in your care to coordinate treatment, such as discussing your treatment plan or sharing treatment or test results with your referring physician; or a laboratory for diagnostic testing.

Payment. We may use and disclose your health information to obtain payment for the healthcare services we provide. This may include submitting a claim to your insurance plan that includes information such as diagnoses, procedures, and dates of service; determining eligibility or coverage of insurance benefits; undertaking utilization review activities; or collecting outstanding balances, including disclosure to collection agencies if necessary.

Healthcare Operations. We may use and disclose your health information for activities necessary to operate our practice and ensure quality care. Examples include quality assessment and improvement activities, such as reviewing patient outcomes to improve care; staff training and educational purposes; credentialing and evaluating the performance of our healthcare professionals; conducting patient satisfaction surveys’ or performing audits, compliance checks, or internal business planning.

Business Associates: We may share your health information with certain vendors or service providers (called business associates) who perform services on our behalf, such as billing or data management. These business associates are required by law and contract to safeguard your information.

Individuals Involved in Your Care or Payment for Your Care. We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has the authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

Contact About Appointments, Insurance, and Other Matters. We may use your health information to contact you by mail, phone, text or email to remind you about an appointment, register you for treatment, ask about your insurance, billing or payment, follow up on your care, ask you how well we cared for you, or to invite you to take part in research. We may leave voice messages at the phone number you give us. If you choose to have us contact you by text, texting charges may apply.

Required by Law. We may use or disclose your health information when we are required to do so by law, such as to report suspected abuse or neglect.

Public Health Activities. We may disclose your health information for public health activities, such as to prevent or control disease, injury or disability, report child abuse or neglect, or notify a person of a recall, repair, or replacement of products or services.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions.

Law Enforcement. We may disclose your health information for law enforcement purposes as permitted by HIPAA, as required by law, or in response to a subpoena or court order.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Disaster Relief. We may use or disclose your health information to assist in disaster relief efforts.

Serious Threat to Health or Safety. We may disclose your health information when permitted by law to avert a serious and imminent threat to the health or safety of a person or the public.

Specialized Government Functions. To the extent applicable, we may release your health information for specialized government functions, including military and veterans activities, national security and intelligence activities, and correctional institutions.

Worker's Compensation. We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Coroners, Medical Examiners, and Funeral Directors. We may release your information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause

of death. We may also disclose your health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Fundraising. We may contact you as part of our fundraising activities and disclose certain of your information to our business associates and institutionally related foundations for our fundraising activities. You have the right to opt out of receiving any fundraising communications.

Other Uses and Disclosures of PHI

Certain uses and disclosures of your health information require your written authorization. These include most uses and disclosures of psychotherapy notes, disclosures for marketing purposes, and any disclosures that constitute the sale of your health information. In addition, we will obtain your written authorization before disclosing alcohol and substance abuse records, mental health records, or information related to HIV/AIDS test results, except as otherwise permitted by law. For any other use or disclosure not described in this Notice, we will seek your written authorization. You may revoke an authorization at any time by submitting a written request. Once we receive your revocation, we will stop using or disclosing your information—except where we have already relied on your prior authorization.

Your Health Information Rights

Right to Access. You have the right to inspect or obtain a copy of your health information, subject to certain limited exceptions. To exercise this right, you must submit a written request to the address provided at the end of this Notice. If your records are maintained on paper, we may provide photocopies. If your records are maintained electronically, you have the right to receive an electronic copy in the format you request, if readily producible. We may charge a reasonable, cost-based fee for copying, labor, and postage, if applicable. If we deny your request for access, you have the right to request a review of the denial, as permitted under applicable law.

Right to Request Amendment. You have a right to request that we amend your health information if you believe the information is not accurate or is incomplete. To request an amendment of your health information, you must submit your request in writing to the address listed at the end of this Notice. Your request must explain why the information should be amended. We may deny your request under certain circumstances.

Right to an Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your health information. To request an accounting of disclosures of your health information, you must submit your request in writing to the address listed at the end of this Notice.

Right to Request a Restriction. You have the right to request additional restrictions on certain uses and disclosures of your health information for treatment, payment or health care operations. You must make your request in writing. We are not required to agree to your request, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

Right to Alternative Communication. You have the right to request that we communicate with you about your health information through alternative means or at alternative locations. To do so, you must submit a written request specifying your preferred method or location of communication, along with a reasonable explanation of how payment arrangements will be managed. We will accommodate all reasonable requests. If we are unable to reach you using your requested method or location, we may use the contact information we have on file.

Right to a Paper Copy of this Notice. You have a right to obtain a paper copy of this Notice upon request.

Changes to this Notice

We reserve the right to modify our privacy practices and the terms of this Notice at any time, as permitted by applicable law. Any revised Notice will apply to all protected health information we maintain, including information created or received before the change. If we make a material change to our privacy practices, we will update this Notice accordingly, post the revised Notice prominently at our practice location, and provide a copy upon request.

Complaints or Request for More Information

If you want more information about our privacy practice, please contact the Privacy Office at the address and phone number below.

Horizon Infusions, LLC
Attn: Privacy Office
4260 Glendale Milford Road, Suite 1007
Blue Ash, Ohio 45242
Phone: (877) 787-8720
privacy@horizoninfusions.com

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Office listed above or with the Office for Civil Rights, U.S. Department of Health and Human Services at The U.S. Department of Health and Human Services, 200 Independent Avenue, S.W., Washington, D.C. 20201. You will not be penalized in any way for filing a complaint.