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.

Pakhi Chaudhuri MD, PLLC ("Company") is committed to maintaining the privacy of your protected health information (PHI). This document specifies our privacy practices with respect to PHI, including how we use and disclose it in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required by law to protect your PHI, provide you with notice of our legal duties and privacy practices regarding PHI, and abide by the terms of this Notice of Privacy Practices (Notice). PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition, treatment, or payment for health services. This Notice describes how we may use and disclose your PHI to carry out treatment, payment for health care operations, and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI.

How We Receive Your PHI

In the course of providing medical services to you, we may receive your PHI from you in several formats (e.g., oral, written, or recorded in other media). We store and protect your PHI the same regardless of the form in which we receive it.

Company's Use or Disclosure of Your PHI

Company may generally use and disclose your information without obtaining your authorization for the following purposes:

Treatment. For treatment purposes, including disclosure to physicians, nurses, pharmacies, and other professionals who provide you with health care services or are involved in the coordination of your care.

Payment. For billing and collecting payment for the medical services we provide. For example, Company may provide PHI to you/your health plan, potentially, for you to receive payment for the health care services provided to you.

Health Care Operations. For health care operations purposes that are necessary, including the evaluation of the quality of our medical services. Company may also disclose PHI to other health care providers or health plans that are involved in your care for their health care operations. For example, Company may provide PHI to manage treatment, or to coordinate health care or benefits, or to schedule or confirm appointments.

You or Personal Representative. To you or your personal representative, as established under applicable law, or to an administrator, executor, or other authorized individual associated with your estate.

Individuals Involved in Your Care or Payment for Your Care. To a person who is authorized to receive updates regarding or be involved with your care, or helps pay for your care, such as a family member, relative, or personal friend. For example, if you are covered by your spouse's, parents', or other individual's health insurance, we may disclose information to that individual relevant to payment for the services we have provided you. As allowed by federal and state law, we may disclose the PHI of minors to their parents or legal guardians. In all cases, we will use our best judgment and restrict the information shared to only that which is relevant to your family's and others' involvement in your care.

Business Associates. To Company's business associates to perform certain functions or provide certain services to Company. For example, we may use another company to perform billing services on our behalf. All of our business associates are required to maintain the privacy and confidentiality of your PHI. In addition, at the request of your health care providers or health plan, Company may disclose PHI to their business associates for purposes of performing certain functions or services on their behalf. For example, we may disclose PHI to a business associate of Medicare for purposes of medical necessity review.

Required by Law or Judicial or Administrative Proceedings. If required to do so by federal, state, or local law, including in the course of a judicial or administrative proceeding, or in response to a court order, subpoena, discovery request, or other lawful process.

Law Enforcement. For law enforcement purposes, including the identification or location of suspects, fugitives, witnesses, or victims of crime. These disclosures may be made in response to a court order, warrant, subpoena, or summons.

Public Health. For public health activities, including, but not limited to, disclosures: (1) to a public health authority to report, prevent, or control disease, injury, or disability; (2) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (3) to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety, or effectiveness of an FDA-regulated product or activity.

Abuse, Neglect, or Domestic Violence. To a government authority, if we reasonably believe that an individual is a victim of abuse, neglect, or domestic violence.

Health Oversight Activities. To a government oversight agency conducting audits, investigations, inspections, and related oversight functions.

Coroners, Medical Examiners, and Funeral Directors. To a coroner, medical examiner, or funeral director for the purpose of identifying a deceased person, determining cause of death, or for performing some other duty authorized by law.

Organ and Tissue Donation. To organizations that handle organ or tissue procurement or donations, as necessary to make organ and tissue donation and transplantation possible.

Correctional Institution. With respect to an inmate, upon request by a correctional institution or law enforcement official for health, safety, and security purposes.

Serious Threat to Health or Safety. To prevent or lessen a serious or imminent threat to your safety, including in cases of emergency or disaster relief efforts (where disclosure is made to a person reasonably able to prevent or lessen the threat).

Government Functions. With respect to military personnel and veterans, as required by military command authorities. Company may also disclose PHI to authorized officials for national security activities, such as conducting intelligence.

Workers' Compensation. To comply with workers' compensation or other similar programs established to provide work-related injury or illness benefits.

De-identified Information. Company may generally use and disclose PHI that has been "deidentified" by removing certain identifiers making it unlikely that you could be identified.

Research. Unless you check the "opt-out" box in the Acknowledgment section at the end of this Notice, PHI may be used in connection with research and disclosed to researchers when the research they are conducting has been approved by an institutional review or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI or to people preparing to conduct a research project.

Other Uses and Disclosures of PHI

We will obtain your written authorization before using or disclosing your protected health information when required by law.

Additional protections apply to substance use disorder treatment records under 42 C.F.R. Part 2.

You may revoke your authorization in writing at any time, except to the extent we have already relied upon it.

For purposes not described above, including for marketing purposes and disclosures that would constitute a sale, Company will ask for patient authorization before using or disclosing PHI. You may revoke an authorization at any time, by writing to the contact person listed in this Notice. A revocation will not be applicable to any action already taken in reliance upon the authorization.

Redisclosure Notice: Information disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws. However, substance use disorder records disclosed pursuant to 42 C.F.R. Part 2 remain subject to federal confidentiality protections and generally may not be redisclosed unless permitted by law.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Some of your protected health information may relate to substance use disorder (SUD) diagnosis, treatment, or referral for treatment. Federal law (42 C.F.R. Part 2) provides additional privacy protections for this information.

We may use and disclose substance use disorder records for treatment, payment, and health care operations as permitted by law. In many situations, we will obtain your written authorization before using or disclosing this information.

Any use or disclosure of SUD records will be made in compliance with applicable federal law.

Restrictions on Legal Proceedings. Federal law generally prohibits the use or disclosure of substance use disorder treatment records in civil, criminal, administrative, or legislative proceedings against you unless:

• You provide specific written consent; or

• A court issues an appropriate order after notice and an opportunity to be heard.

This protection applies even when other health information may be legally disclosed.

Patient Rights Regarding PHI

Under HIPAA, you have the rights listed below, each of which may be exercised by writing or calling the contact person listed in this Notice.

Right to Receive this Notice. You can request to receive a free copy of this Notice in printed or electronic form by writing or calling the contact person listed in this Notice.

Right to Request Limitations on Use or Disclosure. You may ask us to limit the use and disclosure of your PHI for the purposes of treatment, payment, and health care operations (as described above). We will consider your request carefully but we may not be required to agree to the requested restriction to the extent that it affects our ability to comply with any applicable law.

Right to Confidential Communications. You have the right to receive confidential communications of PHI from us, and we will accommodate reasonable requests regarding same.

Right to Inspect and Copy PHI. You have the right to receive a copy of your PHI that may be used to make decisions about your care or payment for your care. If we maintain the PHI you have requested in an electronic format you can ask for it to be provided to you electronically, and also ask us to electronically send copies to another person.

Right to Amend PHI. You have the right to request an amendment of your PHI. We will honor your request unless we are not the originator of the PHI or we believe the PHI is accurate.

Right to Receive An Accounting of Disclosures of PHI. You can get a written accounting of all of our disclosures of your PHI not directly related to treatment, payment, health care operations, or disclosed based on a signed authorization or for other legitimate purposes as stated above. You can request a list including disclosures made up to six (6) years prior to the date of your request.

Right to Breach Notification. You will be notified within sixty (60) days in the event that we or one of our business associates discover a breach of your unsecured PHI.

How to Contact Us or File a Complaint

If you would like to exercise any rights regarding your PHI, or have questions or comments regarding this Notice, or a complaint about our use or disclosure of your PHI, please contact Company by telephone at 617-829-3900, fax at 617-882-2218, or via the patient portal.

If you believe that we have violated any of your rights, you also may file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services (HHS) by email at OCRComplaint@hhs.gov, or by sending a letter to at the following address:

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg. Washington, D.C. 20201

Company will not take any retaliatory action against you for filing a complaint with us or with HHS.

Changes to Notice

We reserve the right to amend this Notice at any time and make the amendments effective for all PHI maintained at the time the amendment occurs. When an amendment occurs, we will promptly post the amended version on this website. Please review this website periodically to ensure that you are aware of any such updates.

Effective Date of Notice: February 16, 2026

Acknowledgement and Research Opt-Out

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ, AND UNDERSTOOD THE NOTICE OF PRIVACY PRACTICES THAT COMPANY HAS PROVIDED TO ME, WHICH PROVIDES A FULL DESCRIPTION OF HOW MY PROTECTED HEALTH INFORMATION ("PHI") MAY BE USED AND DISCLOSED IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPPA") AND EXPLAINS IMPORTANT RIGHTS THAT I HAVE REGARDING MY PHI.

BY CHECKING THE FOLLOWING BOX, I CONFIRM THAT I DO NOT AUTHORIZE COMPANY TO USE MY PHI IN CONNECTION WITH RESEARCH OR DISCLOSE MY PHI TO RESEARCHERS, INCLUDING WHEN THE RESEARCH BEING CONDUCTED HAS BEEN APPROVED BY AN INSTITUTIONAL REVIEW OR PRIVACY BOARD THAT HAS REVIEWED THE RESEARCH PROPOSAL AND ESTABLISHED PROTOCOLS TO ENSURE THE PRIVACY OF MY PHI. I UNDERSTAND THAT THIS IS A VOLUNTARY DECISION AND, IF I CHECK THIS BOX, IT WILL NOT IMPACT OR AFFECT THE LEVEL OF SERVICES THAT COMPANY PROVIDES TO ME IN ANY WAY.

☐ I DO NOT AUTHORIZE

Name: Sample Patient Relation to Patient (if signed by legal representative): Sample Date: 03/06/2026