PeakHealth MT
1001 S. Main St, Suite 8057
Kalispell, MT - 59901

PeakHealth MT HIPAA Notice of Privacy Practices

PEAKHEALTH MT HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: October 25,2026

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.

ABOUT HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects the privacy and security of your health information. It sets national rules for how health care providers like PeakHealth MT may use and share your protected health information (PHI), which is any information that identifies you and relates to your health, your care, or payment for your care. HIPAA also gives you important rights over that information, which are described in this Notice.

WHO WE ARE

PeakHealth MT LLC is a telehealth medical weight management practice serving patients located in Montana. This Notice applies to all records of your care created or kept by PeakHealth MT and its providers, whether we see you by video, phone, secure message, or our patient portal.

We are required by law to:
• Keep your protected health information (PHI) private and secure
• Give you this Notice of our legal duties and privacy practices
• Follow the terms of the Notice currently in effect
• Notify you promptly if a breach occurs that may have compromised the privacy or security of your information

HOW WE MAY USE AND SHARE YOUR INFORMATION

For treatment.
We use your information to evaluate you, prescribe and monitor medications, order labs, and coordinate your care. For example, we may share information with a pharmacy (including a compounding pharmacy) that fills your prescription, a laboratory that runs your blood work, or your primary care provider or another specialist involved in your care.

For payment.
We use and share information to bill and collect payment for our services. This may include our payment processor,

your health plan if you ask us to submit a claim or prior authorization, or a pharmacy benefit manager.

For health care operations.
We use and share information to run our practice, improve quality, train staff, and contact you when needed. For example, we may review records to evaluate the quality of our care.

Business associates.
We work with outside companies that perform services for us, such as our electronic health record and patient portal, video visit platform, e-prescribing network, appointment reminder and messaging services, payment processing, and IT support. These companies must sign agreements requiring them to protect your information and use it only as we direct.

Appointment reminders and health-related communications.
We may contact you by phone, text message, email, or portal message to remind you of appointments, follow up on your care, refill or order medications, or share information about treatment options and services we offer. You can ask us to stop or to use a different method at any time.

Family and friends involved in your care.
If you agree, or do not object when given the chance, we may share information with a family member, friend, or other person you identify who is involved in your care or in paying for it. If you are unable to agree or object (for example, in an emergency), we may share information if we believe it is in your best interest.

OTHER WAYS WE MAY USE OR SHARE YOUR INFORMATION

We may use or share your information without your written permission in these situations, as allowed or required by law:

- As required by law – when federal, state, or local law requires it
- Public health and safety – such as reporting communicable diseases, reporting adverse medication reactions to the Food and Drug Administration (FDA), or helping with product recalls
- Serious threat to health or safety – to prevent or lessen a serious and imminent threat to you or others
- Abuse, neglect, or domestic violence – to report suspected abuse or neglect to authorities as required by law
- Health oversight – for audits, investigations, inspections, and licensure by government agencies
- Lawsuits and legal proceedings – in response to a court or administrative order, subpoena, or other lawful process
- Law enforcement – for certain law enforcement purposes, as allowed by law
- Coroners, medical examiners, and funeral directors – as needed for them to carry out their duties
- Organ and tissue donation – to organizations that handle donation and transplantation
- Research – under conditions that protect your privacy, such as approval by a review board
- Workers' compensation – for workers' compensation or similar programs
- Specialized government functions – such as military, national security, or protective services, as allowed by law

• Inmates – if you are in the custody of a correctional institution or law enforcement official, as needed for your care or the safety of others
• Compliance with HIPAA – to the U.S. Department of Health and Human Services when it wants to confirm we are following privacy law

USES THAT REQUIRE YOUR WRITTEN PERMISSION

We will not do the following without your written authorization:
• Use or share your information for marketing purposes
• Sell your information
• Share psychotherapy notes (if any exist)
• Any other use or disclosure not described in this Notice
If you give us written permission, you may revoke it in writing at any time. Revoking it will not undo any sharing we already did in reliance on your permission.

YOUR RIGHTS

Get a copy of your health and billing records.
You may request to see or get an electronic or paper copy of your records. We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee. In limited cases the law allows us to deny access (for example, psychotherapy notes or information gathered for a legal proceeding). If we do, we will explain why in writing and tell you how to ask for a review.

Ask us to correct your records.
If you believe information in your record is incorrect or incomplete, you may ask us in writing to correct it. We may say no, but we will tell you why in writing within 60 days. If we deny your request, you may submit a written statement of disagreement, which we will add to your record. We may prepare a written rebuttal, and we will give you a copy.

Request confidential communications.
You may ask us to contact you in a specific way (for example, only by your mobile phone or a certain email) or at a specific address. We will agree to all reasonable requests.

Ask us to limit what we use or share.
You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, except in this case: if you pay for a service or item out of pocket in full, you can ask us not to share that information with your health insurer, and we will agree unless a law requires us to share it.

Get a list of those with whom we've shared information.
You may ask for a list (accounting) of the times we shared your information in the six years before your request, who we shared it with, and why. This list will not include disclosures for treatment, payment, operations, or those you authorized. We provide one list per year for free and may charge a reasonable fee for additional lists within 12 months.

Get a paper copy of this Notice.
You may ask for a paper copy at any time, even if you agreed to receive it electronically.

Choose someone to act for you.
If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights. We will confirm their authority before acting.

File a complaint if you feel your rights are violated.
You may file a complaint with us using the contact information below, or with the U.S. Department of Health and Human Services Office for Civil Rights by mail at 200 Independence Avenue S.W., Washington, D.C. 20201, by phone at 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

ELECTRONIC COMMUNICATIONS

Because we provide care through telehealth, we use electronic tools to communicate with you. Our patient portal and video platform use security safeguards. If you choose to receive standard email or text messages, those may not be encrypted and carry some risk of being read by others. You may ask us to communicate only through the secure patient portal.

STATE LAW

If Montana law or another applicable law gives your information greater protection than federal law, we will follow the more protective law.

CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The current Notice will be posted on our website at PeakHealthMT.com and available in our patient portal and upon request.

CONTACT US

Privacy Officer: Wesley Hardin, PA-C

PeakHealth MT

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Website: PeakHealthMT.com

PATIENT ACKNOWLEDGEMENT

I acknowledge that I have received or been given access to the PeakHealth MT Notice of Privacy Practices, and that I have had the opportunity to ask questions about it.

PATIENT SIGNATURE _____