# NOTICE OF PRIVACY PRACTICES

## Your Rights. Our Responsibilities. Your Information.

**Brian J. Mihok, D.O., Inc.**

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

**EFFECTIVE DATE**

January 1, 2026

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## OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of Privacy Practices.
- Notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- Follow the duties and privacy practices described in this Notice.
- Comply with all applicable federal and state privacy laws.

# HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Your health information may be used or disclosed for:

- Treatment
- Payment
- Healthcare Operations
- Appointment Reminders
- Electronic Communications
- Family Members or Caregivers Involved in Your Care
- Public Health Activities
- Health Oversight Activities
- Research (when permitted by law)
- Law Enforcement Requests
- Judicial and Administrative Proceedings
- Required by Law

# ELECTRONIC COMMUNICATIONS

We may communicate with you through:

- Telephone
- Voicemail
- Text Messaging
- Email
- Electronic Health Record Systems
- Patient Portal Communications

By providing a telephone number, mobile phone number, email address, or patient portal access, you consent to receive appointment reminders, scheduling updates, billing notifications, prescription information, and other healthcare-related communications.

Standard message and data rates may apply.

While reasonable safeguards are used, electronic communications may involve certain privacy risks.

## YOUR RIGHTS

You have the right to:

- Obtain a copy of your medical records in paper or electronic format when available.
- Request corrections or amendments to your medical records.
- Request confidential communications by alternative means or locations.
- Request restrictions on certain uses or disclosures of your information.
- Receive an accounting of certain disclosures of your protected health information.
- Designate an authorized representative to act on your behalf when legally permitted.
- Obtain a paper copy of this Notice at any time.
- File a complaint without fear of retaliation.

## MARKETING AND FUNDRAISING COMMUNICATIONS

We will not use or disclose your protected health information for marketing purposes without your written authorization except as permitted by applicable law.

Any authorization may be revoked by you in writing at any time.

## HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may contact our Privacy Officer or file a complaint with the U.S. Department of Health and Human Services.

Patients are encouraged to contact our Privacy Officer first so that we may promptly address any concerns regarding the privacy or security of their protected health information.

We will not retaliate against you for filing a complaint.

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## CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice of Privacy Practices and to make revised versions effective for all protected health information we maintain.

Updated versions will be available in our office and on our website:

**www.drmihok.com**

## PRIVACY OFFICER

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If you have questions regarding this Notice of Privacy Practices or your privacy rights, please contact our Privacy Officer.