NOTICE OF PRIVACY PRACTICES

The Kai Lani Center, LLC

Effective Date: August 4, 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.

Protected Health Information

The assessment, counseling, and referral services provided to you through The Kai Lani Center, LLC are defined as "health care services" by federal law. Your health record consists of a paper and electronic record of your personal identifying information and information that relates to your health services at The Kai Lani Center, LLC. Information that can be used to identify you and that relates to your past, present, or future health condition, receipt of health care, or payment for health care constitutes your "Protected Health Information" (PHI) and is protected by federal and state law. This document provides you with notice of our legal duties and privacy practices related to your PHI.

Our Legal Duties

The Kai Lani Center, LLC is required by law to:

- Maintain the privacy and security of your PHI in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") and the regulations promulgated under it, including the HIPAA Privacy, Security, and Breach Notification Rules, and, where applicable, 42 CFR Part 2;
- Provide you with this notice of our legal duties and privacy practices with respect to your PHI;
- Notify you if a breach of your unsecured PHI occurs;
- Honor your requested restrictions regarding the use and disclosure of your PHI where we have agreed to them or where we are required by law to do so;
- Allow you to inspect and copy your PHI during our regular business hours;
- Act on your request to amend PHI within sixty (60) days and notify you of any delay requiring us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate PHI by alternative means or at alternative locations; and
- Abide by the terms of this notice currently in effect.

How We May Use and Disclose Health Information About You

The following describes the ways we may use and disclose your PHI without your written authorization.

- **Treatment.** Your PHI may be used and disclosed by those within The Kai Lani Center, LLC who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant or outside provider only with your authorization.
- **Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If you pay for a service out-of-pocket in full and ask us to restrict disclosure of that information to your health plan, we will honor that request.
- **Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform business activities on our behalf (e.g., billing, electronic health record, or transcription services), provided we have a written business associate agreement requiring them to safeguard the privacy of your PHI. The PHI released will be the minimum necessary to perform the business activity.
- **Required by Law.** We must disclose your PHI to you upon your request, except to the extent that access may be restricted as described in this notice. In addition, we must make disclosures to the Secretary of the U.S. Department of Health and

Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule. We will also use or disclose your PHI when otherwise required to do so by federal, state, or local law.

Uses and Disclosures You May Agree To or Object To

Unless you object, we may share limited PHI in the following circumstances. If you are present and able to make health care decisions, we will give you the opportunity to agree or object before sharing. If you are not present or are unable to agree or object because of incapacity or an emergency, we may share information if we determine, using our professional judgment, that doing so is in your best interest.

- **Family, Friends, and Others Involved in Your Care.** We may disclose PHI to a family member, other relative, close personal friend, or any other person you identify who is involved in your care or in payment for your care, limited to the information directly relevant to that person's involvement.
- **Notification and Disaster Relief.** We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location, general condition, or death, including to a public or private entity authorized to assist in disaster relief efforts.

You may ask us at any time to limit or stop these disclosures.

Disclosures That May Be Made Without Your Authorization

Applicable law and ethical standards permit us to disclose information about you without your authorization in a limited number of situations:

- **Child Abuse or Neglect.** We may disclose your PHI to a state or local agency authorized by law to receive reports of child abuse or neglect. If we reasonably believe a child we are treating has been abused or neglected, we must report this belief to the appropriate authorities as required by law.
- **Adult and Dependent Adult Abuse or Neglect.** If we reasonably believe that a dependent adult has been abused, neglected, or exploited, we must report this suspicion to the appropriate authorities as required by law.
- **Threat of Harm to Self or Others.** We may disclose to family members, emergency personnel, law enforcement, and/or other applicable persons information that is essential to protect you or others from serious physical harm, including harm arising from expressed intentions toward self-harm or harm to others, or from the inability, due to physical or mental health impairment, to obtain necessary medical or mental health care. Disclosure to non-medical personnel is made only if deemed necessary for your safety or the safety of others.
- **Judicial Proceedings.** We may disclose your PHI when required to do so by a court order or other order issued by a judicial officer. If we receive a subpoena, discovery request, or similar demand that is not accompanied by a court order, we will not disclose your PHI unless you provide written authorization or the requesting party demonstrates that satisfactory assurances have been given as required by law.
- **Law Enforcement.** We may disclose PHI to a law enforcement official when required by law, in compliance with a court order or other legal process meeting the standard described above, for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; in connection with a victim of a crime; in connection with a death we believe may have resulted from criminal conduct; or in connection with criminal conduct occurring on our premises.
- **Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program and peer review organizations performing utilization and quality control.
- **Public Safety and Federally Mandated Evaluations.** Where you are required to participate in a mandated evaluation process, such as one arising under federal Department of Transportation regulations, specific PHI may be disclosed to designated parties as required by those regulations.
- **Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death, or as otherwise authorized by law, and to funeral directors as necessary to carry out their duties.
- **Other Uses Required by Law.** If required, we may use or disclose your PHI for other purposes not identified in this notice, after informing you in advance where possible of our legal requirement to do so.

Uses and Disclosures That Require Your Written Authorization

Uses and disclosures not described in this notice or otherwise permitted by applicable law will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent that we have already acted in reliance on it. The following uses and disclosures require your written authorization:

- Most uses and disclosures of psychotherapy notes, which are maintained separately from the rest of your medical record;
- Uses and disclosures of PHI for marketing purposes;
- Disclosures that constitute a sale of your PHI;
- Verification of your use of The Kai Lani Center, LLC services to a third party;
- Disclosure of PHI to a consultant or outside provider not involved in your care;
- Research that includes your PHI, where applicable; and
- Any other use or disclosure not described in this notice.

If we contact you for fundraising purposes, you have the right to opt out of receiving such communications, and we will tell you how to do so with each solicitation. Your decision will not affect your treatment.

Special Protections for Substance Use Disorder Treatment Records

Certain records relating to substance use disorder treatment receive protection beyond that provided by HIPAA under federal regulations at 42 CFR Part 2. Where we create, receive, or maintain such records, the following additional protections apply:

- We will not use or disclose these records in any civil, criminal, administrative, or legislative proceeding against you unless you have given written consent, or a court order has been entered after notice to you (or to the holder of the record) and an opportunity to be heard, as provided in 42 CFR Part 2;
- We will not use these records for fundraising communications unless you are first given a clear and conspicuous opportunity to elect not to receive fundraising communications;
- Where another law imposes more stringent requirements on the use or disclosure of these records than HIPAA does, we will follow the more stringent requirement; and
- You have the right to request a restriction on the disclosure of these records for treatment, payment, or health care operations, and to revoke a consent to their disclosure.

If you have questions about how these protections apply to your records, please contact our Privacy Officer.

Your Rights Regarding Your PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at The Kai Lani Center, LLC, 2603 Northridge Parkway, Ste 103, Ames, IA 50010:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set." A designated record set contains mental health/medical and billing records and any other records used to make decisions about your care. Your right to inspect and copy will be restricted only where there is compelling evidence that access would cause serious harm to you or another person, or where the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may request an electronic copy. You may also direct us to send a copy of your PHI to another person you designate.
- **Right to Amend.** If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree. If we deny your request, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of your PHI for the six years prior to your request.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request, except that we must agree to restrict disclosure of PHI to a health plan for purposes of payment or health care operations where the PHI pertains to a health care item or service for which you have paid out-of-pocket in full.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location — for example, by contacting you only at a particular phone number or address. We will accommodate all reasonable requests and will not ask you to explain the reason for your request.

- **Right to Be Notified of a Breach.** You have the right to be notified if a breach of your unsecured PHI occurs, including what happened and what you can do to protect yourself.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically.
- **Right to 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 these rights and make choices about your PHI. We will verify that the person has this authority before taking action.

Complaints

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at The Kai Lani Center, LLC, 2603 Northridge Parkway, Ste 103, Ames, IA 50010; or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, or by calling 202.619.0257, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We cannot and will not retaliate against you for filing a complaint.

Changes to This Notice

We reserve the right to change the terms of this notice and to make the new provisions effective for all PHI we maintain, including PHI we created or received before the change. Should our information practices change materially, we will promptly revise this notice and post the revised version on our website at www.thekailanicenter.com. You may obtain a copy of the notice currently in effect at any time from our office by calling 515.338.2929, by emailing info@thekailanicenter.com, or by writing to Privacy Officer, The Kai Lani Center, LLC, 2603 Northridge Parkway, Ste 103, Ames, IA 50010.

Effective Date

This notice is effective August 4, 2026, and supersedes all prior versions.

Privacy Officer: Jocelyn Wilson, LCSW/LISW · The Kai Lani Center, LLC · 2603 Northridge Parkway, Ste 103, Ames, IA 50010 · 515.338.2929 · info@thekailanicenter.com