

ADVANCED WOUND THERAPY NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 02/16/2026

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.

YOUR INFORMATION. YOUR RIGHTS.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you, including your rights to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communication

- You can ask us to contact you in a specific way (*for example, home or office phone*) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain information for treatment, payment, or health care operations.
- We do not have to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (*accounting*) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (*such as any you asked us to make*). We will provide one accounting per year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting the HHS OCR HIPAA complaints webpage. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory (*Note: We do not create or manage a hospital directory*)

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (*Note: We do not create or keep psychotherapy notes as part of our usual services*)

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
Example: A clinician treating your wound asks another clinician about your overall health condition.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

Run our organization

- We can use and share your health information to operate our business and improve your care.
Example: We use health information about you to manage your treatment and services.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Helping with public health and safety issues

We may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Researching

- We may use or share your information for health research.

Following the law

- We will share information about you if state or federal authorities, including the Department of Health and Human Services, want to make sure that we are following the law.

Responding to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.



Working with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Complying with workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Responding to lawsuits and legal actions

- We may share your health information in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will contact you promptly if we learn of a breach that may have put your information at risk.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information in any other way unless you authorize us to do so in writing. If you change your mind, you can revoke your authorization in writing using the contact information at the end of this Notice.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. New notices will be available upon request, in our office, and at <https://advancedwoundtherapy.com>.

THIS NOTICE APPLIES TO

This Notice of Privacy Practices applies to **ADVANCED WOUND THERAPY, LLC**, an Oklahoma limited liability company ("**AWT**"), and its workforce (*employees, clinicians, trainees, and other personnel working under AWT's control*).

AWT also participates in an Affiliated Covered Entity ("**ACE**") arrangement with certain related covered entities that have designated themselves as a single covered entity for purposes of compliance with HIPAA's Privacy Rule. The ACE participants may share protected health information with each other as permitted by HIPAA for treatment, payment, and health care operations. This Notice applies to each entity participating in AWT's ACE arrangement (*each an "ACE Participant"*), including:

- **ADVANCED WOUND TREATMENT, LLC**, an Oklahoma limited liability company ("**AWTx**")
- **ADVANCED WOUND THERAPY—AR, LLC**, an Arkansas limited liability company ("**AWT-AR**")
- **ADVANCED WOUND THERAPY —IDAHO, PLLC**, an Idaho professional limited liability company ("**AWT-ID**")
- **ADVANCED WOUND THERAPY—KS, LLC**, a Kansas limited liability company ("**AWT-KS**")
- **ADVANCED WOUND THERAPY—MO, LLC**, a Missouri limited liability company ("**AWT-MO**")
- **ADVANCED WOUND THERAPY—TN, PLLC**, an Oklahoma professional limited liability company ("**AWT-TN**")
- **ADVANCED WOUND THERAPY—TX, PLLC**, a Texas professional limited liability company ("**AWT-TX**")
- **ADVANCED WOUND THERAPY—WA, PLLC**, a Washington professional limited liability company ("**AWT-WA**")

For purposes of HIPAA's notice requirements, delivery of this Notice by any one ACE Participant satisfies the notice obligation for all ACE Participants.

CONTACT

If you have questions about this Notice, want to exercise your rights, or want to file a complaint, you can do so by contacting:

ADVANCED WOUND THERAPY, LLC
2488 E 81st St., Suite 2000
Tulsa, OK 74137
Privacy Contact: J. Scott Dickman
Phone: (918) 592-9020
Email: sdickman@advancedwoundtherapy.com

