NOTICE OF PRIVACY PRACTICES

Effective date: November 18, 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. Our responsibilities.

This notice explains how QuCiL Health™ (Synergy PrimeCare, PLLC) uses and shares protected health information (PHI), your choices, and our legal duties. It applies to records maintained by our practice, including information about physical and mental health care. Additional federal or Texas protections may apply to certain records.

YOUR RIGHTS

- **Access your records:** Ask to inspect or receive an electronic or paper copy of medical records and other information in a designated record set. We generally respond within 30 days under HIPAA, subject to permitted extensions; shorter Texas deadlines may apply. Permitted cost-based fees may apply.
- **Request corrections:** Ask us to amend information you believe is incorrect or incomplete. We may deny certain requests but will explain the reason in writing, generally within 60 days, subject to permitted extensions.
- **Confidential communications:** Ask us to contact you in a particular way or at a different address. We will accommodate reasonable requests.
- **Request restrictions:** Ask us to limit uses or disclosures for treatment, payment, or operations. We are not generally required to agree, except that if you pay in full out of pocket for an item or service, we generally must honor a request not to disclose that information to your health plan for payment or operations, unless disclosure is required by law.
- **Accounting of disclosures:** Request a list of certain disclosures made during the prior six years. Certain disclosures, including most for treatment, payment, and operations, are excluded. One accounting in a 12-month period is generally free.
- **Copy of this notice:** Request a paper copy at any time, even if you previously accepted it electronically. Personal representative: A legally authorized person may exercise your rights, subject to verification and applicable protections.
- **Complaints:** Complain to us or to HHS Office for Civil Rights without retaliation.

YOUR CHOICES

You may tell us your preferences about sharing relevant information with family, friends, or others involved in your care or payment for care. In certain situations, such as emergencies, we may share limited information when permitted by law and in your best interest. You may object when you have an opportunity to do so. We do not maintain a hospital directory. We do not use your PHI for fundraising campaigns as a current practice.

HOW WE TYPICALLY USE AND DISCLOSE INFORMATION

- **Treatment:** Coordinate your care with clinicians, specialists, pharmacies, and other treating professionals.
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- **Payment:** Submit claims, request prior authorizations, and obtain payment from insurers or others responsible for payment.
- **Health care operations:** Manage our practice, improve quality, conduct appropriate reviews, and work with service providers under required privacy safeguards.
- **Other legally permitted or required purposes:** Public health reporting; adverse-event reporting; preventing or reducing a serious threat; reporting suspected abuse or neglect; health oversight; compliance with law; organ or tissue donation; medical examiners and funeral directors; workers' compensation; and lawful requests involving courts, law enforcement, or government agencies. Applicable conditions and limits must be met.
- **Research:** We may use or disclose information for research only when permitted by law, such as with authorization or an applicable waiver or other legal permission.

USES THAT GENERALLY REQUIRE YOUR WRITTEN AUTHORIZATION

We generally need your written authorization for uses or disclosures not otherwise permitted by law, including most marketing involving PHI, sale of PHI, and most uses or disclosures of psychotherapy notes (if maintained). Separate authorization is also generally needed for identifiable patient testimonials, publicity, or educational media uses not otherwise permitted. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

SUBSTANCE USE DISORDER RECORDS (42 CFR PART 2)

If we create, receive, or maintain substance use disorder patient records protected by 42 CFR Part 2, additional federal protections apply. Such records may be used or disclosed only as Part 2 permits, including with a valid consent when required. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or an appropriate Part 2 court order and subpoena or similar legal mandate. A HIPAA-covered recipient of Part 2 records disclosed with consent for treatment, payment, or operations may redisclose them as HIPAA permits, subject to the prohibition on use against the patient in proceedings. Where applicable, we honor Part 2 restrictions and consent requirements; this general notice does not replace a separate Part 2 program notice if one is legally required.

TEXAS ELECTRONIC DISCLOSURES AND ADDITIONAL PROTECTIONS

Your health information may be disclosed electronically through electronic records, secure communications, laboratories, pharmacies, referrals, and billing systems. Under Texas Health and Safety Code §181.154, separate authorization may be required for certain electronic disclosures, subject to statutory exceptions, including specified treatment, payment, operations, and other legally authorized disclosures. We follow applicable Texas requirements and other laws that provide greater privacy protection.

OUR RESPONSIBILITIES

We are required to protect the privacy and security of your PHI, give you this notice, follow the notice currently in effect, and notify you if a breach of unsecured PHI occurs when notification is legally required. We will not use or share information in ways not described here unless you authorize it or law permits or requires it. We may revise this notice and apply the revised terms to information we maintain; the current notice will be available at our office, upon request, and on our website.

QUESTIONS, REQUESTS, AND COMPLAINTS

Privacy Officer / Practice Administrator
QuCiL Health™ · 3107 Elrod Rd, Suite G, Katy, TX 77449
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Phone: (832) 930-9797 · Email: info@qucilhealth.com

For record requests, contact our office by phone or secure patient portal. We will provide instructions and verify identity before releasing records.

You may also complain to HHS Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

For Texas medical privacy concerns, contact the Texas Attorney General Consumer Protection Division: https://www.texasattorneygeneral.gov/consumer-protection.

For licensing-related complaints, contact the applicable Texas professional licensing board. We will not retaliate against you for making a complaint.

ADDITIONAL TEXAS POSTING REQUIREMENT

Texas Health and Safety Code §181.105 requires prominent website and facility instructions explaining how to request records, contact the applicable licensing or disciplinary authority, and file a consumer complaint. Those instructions are provided separately by the practice; this notice does not replace the required posting.

REFERENCE FRAMEWORK (FOR TRANSPARENCY)

HHS February 2026 Model Notice of Privacy Practices for HIPAA Covered Health Care Providers; 45 CFR §164.520; 42 CFR Part 2; Texas Health and Safety Code Chapter 181. This is the practice's patient notice, not a consent or authorization form

ACKNOWLEDGMENT

☐ I acknowledge that I have received, or have been offered, QuCiL Health's Notice of Privacy Practices.

Patient/Legal Representative Name: _____

Relationship to patient (if signing as representative | optional): _____

Patient Signature: _____

Date: _____

Signing is not required to receive treatment.