NOTICE OF PRIVACY PRACTICES

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.

Effective Date: November 4, 2026

This Notice describes how Aaron Winkler MD may use and disclose your protected health information (PHI), how you may access that information, and your rights regarding its privacy. Please review it carefully.

This Notice applies to healthcare services provided through Aaron Winkler MD, including psychiatric evaluations, medication management, diagnostic assessments, and psychotherapy. It applies to Aaron Winkler, MD; Megan Bruce, LCSW/LISW; and authorized practice personnel acting on behalf of the Practice.

I. YOUR RIGHTS

You have certain rights regarding your health information. The Practice is responsible for respecting these rights as required by applicable law.

1. Access Your Medical Records: You may request to inspect or obtain an electronic or paper copy of your medical records and other health information maintained by the Practice. For California patients, we will generally make records available for inspection within five working days and provide requested copies within 15 days, as required by California law. For other patients, we will comply with applicable state and federal deadlines, generally within 30 days under HIPAA. We may charge a reasonable fee permitted by applicable law. Certain records, including separately maintained psychotherapy notes, may be excluded from the right of access as permitted by law.

2. Request Corrections to Your Records: You may request that we correct information in your medical record that you believe is inaccurate or incomplete. We may deny a request under circumstances permitted by law, but we will explain the reason in writing, generally within 60 days.

3. Request Confidential Communications: You may ask us to communicate with you using a particular method or at a different address or telephone number. We will accommodate reasonable requests.

4. Request Restrictions on Uses and Disclosures: You may ask us to restrict certain uses or disclosures of your health information for treatment, payment, or healthcare operations. We are generally not required to agree to a requested restriction, except as required by law. If you pay

for a healthcare service entirely out of pocket, you may request that we not disclose information about that service to your health plan for payment or healthcare operations. We will honor that request unless disclosure is required by law.

5. Request an Accounting of Disclosures: You may request an accounting of certain disclosures of your health information made during the preceding six years. Certain disclosures, including those made for treatment, payment, or healthcare operations, are generally excluded from this accounting. One accounting within a 12-month period will be provided without charge. Additional requests may be subject to a reasonable, cost-based fee.

6. Obtain a Copy of This Notice: You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

7. Designate a Personal Representative: A person legally authorized to act on your behalf, such as a legal guardian or an individual holding appropriate healthcare authority, may exercise your privacy rights when permitted by law. We will verify that person's authority before disclosing protected information.

8. File a Privacy Complaint: You may file a complaint if you believe your privacy rights have been violated. Complaints may be directed to Aaron Winkler MD using the contact information at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, SW, Washington, DC 20201; telephone: 1-877-696-6775; https://www.hhs.gov/hipaa/filing-a-complaint/. We will not retaliate against you for filing a complaint.

II. YOUR CHOICES

You have choices about certain ways we use and disclose your health information.

1. Family Members and Others Involved in Your Care: You may tell us whether we may share relevant information with family members, close friends, or others involved in your care or payment for your care. If you are unable to communicate your preferences, we may disclose limited information when permitted by law and when we determine that doing so is in your best interest.

2. Emergency and Disaster Situations: We may disclose relevant health information when necessary for disaster relief or to prevent or lessen a serious and imminent threat to health or safety, as permitted by applicable law.

3. Uses Requiring Written Authorization: We will obtain your written authorization before using or disclosing your information for purposes requiring authorization under applicable law, including most marketing activities involving protected health information, the sale of protected health information, and most uses and disclosures of separately maintained psychotherapy notes. You may revoke an authorization in writing at any time. Revocation does not affect disclosures already made in reliance on your authorization.

4. Fundraising: The Practice does not currently use patient health information for fundraising activities. If this practice changes, applicable notice, consent, and opt-out requirements will be followed.

III. HOW WE USE AND DISCLOSE YOUR INFORMATION

We may use or disclose protected health information without your written authorization when permitted or required by applicable law.

1. Treatment: We may use and disclose health information to provide, coordinate, or manage your healthcare. This may include sharing relevant information among clinicians within Aaron Winkler MD and with other healthcare professionals involved in your treatment, subject to applicable confidentiality requirements. For example, your treating clinician may communicate with another treating healthcare professional to coordinate your care.

2. Healthcare Operations: We may use and disclose information as necessary to operate the Practice, improve services, conduct quality assessments, maintain records, and perform administrative functions. Authorized employees, contractors, and business associates may access information only as permitted by law and subject to appropriate privacy and security safeguards.

3. Payment: We may use and disclose information necessary to collect payment for services, process financial transactions, or support billing activities. Although the Practice operates on an out-of-network basis, certain disclosures may be necessary for payment-related activities, including when patients request documentation for insurance reimbursement.

4. Public Health and Safety: We may disclose information when permitted or required by law for public health and safety purposes, including reporting suspected child abuse or neglect; reporting suspected abuse of an elder or dependent adult; reporting certain communicable diseases or other legally reportable conditions; preventing or reducing a serious threat to health or safety; and reporting adverse reactions to medications when applicable.

5. Legal Requirements: We may disclose information when required by federal or applicable state law. Disclosures involving subpoenas, court orders, administrative proceedings, or other legal processes will be evaluated under applicable federal and state confidentiality protections. We will not disclose information merely because it has been requested when authorization, a court order, or another legal basis is required.

6. Health Oversight Activities: We may disclose information to authorized regulatory or oversight agencies for legally permitted activities, including audits, investigations, inspections, and professional licensing oversight.

7. Workers' Compensation: We may disclose information when authorized or required under applicable workers' compensation laws.

8. Research: We may use or disclose information for research only when authorized or otherwise permitted under applicable privacy laws, including required safeguards and approvals.

9. Medical Examiners and Other Legally Authorized Officials: We may disclose information to coroners, medical examiners, funeral directors, or other authorized officials when permitted or required by law.

10. Other Legally Permitted Disclosures: Other disclosures may be permitted for organ and tissue donation, certain law enforcement activities, and specified government functions, subject to applicable legal requirements.

IV. SPECIAL CONFIDENTIALITY PROTECTIONS

1. Mental Health Records: Mental health treatment records may be subject to additional confidentiality protections under California and Ohio law. We will not disclose mental health treatment information without your authorization except when permitted or required by applicable law, including certain disclosures for treatment, mandatory reporting, emergencies, and legally authorized proceedings. We will apply any additional state-law restrictions governing the release of psychiatric and psychotherapy records, including disclosures to family members, other providers, and third parties.

2. Psychotherapy Notes: Psychotherapy notes, as specifically defined under HIPAA, are distinct from ordinary clinical progress notes and treatment records. Most uses or disclosures of separately maintained psychotherapy notes require your written authorization, except in circumstances specifically permitted by law.

3. Substance Use Disorder Records: Certain substance use disorder treatment records are subject to additional federal confidentiality protections under 42 CFR Part 2. To the extent the Practice receives or maintains records protected by Part 2, we will comply with applicable restrictions on their use and disclosure. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against a patient without the patient's written consent or an applicable court order accompanied by a subpoena or other legal mandate, as required by law. When Part 2 protections apply, we will follow the additional requirements governing patient consent, redisclosure, and other uses of those records.

V. OUR RESPONSIBILITIES

Aaron Winkler MD is required by law to maintain the privacy and security of protected health information; provide this Notice describing our legal duties and privacy practices; follow the terms of the Notice currently in effect; notify affected individuals following a breach of unsecured protected health information when notification is required by law; limit uses and disclosures to those permitted or required by applicable law; and obtain written authorization when required before using or disclosing protected information. We will not use or disclose your information for

purposes outside those described in this Notice unless permitted or required by law or authorized by you in writing.

VI. CHANGES TO THIS NOTICE

The Practice reserves the right to revise this Notice and make the revised provisions effective for all protected health information maintained by the Practice, including information created or received before the revision. Updated Notices will be available upon request and posted on our website.

VII. CONTACT INFORMATION

For questions about this Notice, requests to exercise your privacy rights, or complaints regarding our privacy practices, please contact:

Aaron Winkler MD
Privacy Contact: Aaron Winkler, MD
Email: info@aaronwinklermd.com
Website: https://aaronwinklermd.com
Telephone: 650-402-0452

Effective Date: November 4, 2026