NOTICE OF PRIVACY PRACTICES

Effective Date: 6/4/2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION PURSUANT TO FEDERAL REGULATIONS. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

At Luma Health Co. (the "Practice"), we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive directly from our providers. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices ("Notice") applies to all the records of your care generated by Practice.

This Notice will tell you about the ways in which Practice may use and disclose your protected health information ("PHI"). We are required to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. This Notice also describes your rights and certain obligations Practice has regarding the use and disclosure of PHI. We will not use or share your information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We must follow the duties and privacy practices described in this Notice and give you a copy of it. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

PROTECTED HEALTH INFORMATION

Protected Health Information ("PHI") includes information that identifies you and relates to your past, present, or future physical or mental health condition, healthcare services provided to you, or payment for healthcare services.

The Practice may use or disclose your PHI for the purposes described below **without obtaining written authorization from you**. In addition, the Practice may use and share your PHI to carry out its treatment, payment and health care operations.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

FOR TREATMENT

The Practice may use and disclose PHI while providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. This may include communication between Luma Health Co. providers/ or other facility personnel, pharmacies, laboratories, specialists, consultants, and other individuals involved in your treatment.

FOR PAYMENT

The Practice may use and disclose PHI to bill and collect payment for the health care services provided to you. For example, Practice may disclose PHI to its business associates, such as billing companies, claims processing companies and others that assist in billing and collecting payment. Practice may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

FOR HEALTHCARE OPERATIONS

The Practice may use and disclose PHI as part of its operations, including for quality assessment and improvements, such as evaluating the treatment and services you receive and the performance of staff and physicians in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, credentialing and peer review activities, and health care fraud and abuse detection or compliance, and management and administration. Practice may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, to help make sure Practice is complying with all applicable laws, and to help Practice continue to provide quality health care to its patients.

AS REQUIRED BY LAW AND LAW ENFORCEMENT PURPOSES

The Practice may disclose protected health information to law enforcement authorities when permitted or required by federal, state, or local law. Such disclosures may occur under the following circumstances:

- In response to a valid court order, subpoena, warrant, summons, administrative request, or other legally authorized process;
- To assist in identifying or locating a suspect, fugitive, material witness, or missing person;
- To provide information regarding an individual who is believed to be the victim of a crime when obtaining the individual's authorization is not possible or practical under the circumstances;

- To report information concerning a death when there is reason to believe that criminal activity may have contributed to or caused the death;
- To report suspected criminal conduct occurring in connection with services provided by Luma Health Co., including but not limited to prescription medication diversion, fraud, misuse of prescribed medications, or threats against healthcare personnel
- During emergency situations when necessary to report a crime, the location of a crime or victims, or the identity, description, or whereabouts of an individual suspected of committing a criminal act.
- We may release your protected health information when required by a court order, administrative order, or other legally authorized directive. We may also disclose such information in response to a subpoena, discovery request, or other lawful legal process initiated by a party involved in a legal proceeding, provided that reasonable efforts have been made to notify you of the request or to secure a qualified protective order safeguarding the confidentiality of the information being sought.

FOR PUBLIC HEALTH ACTIVITIES AND PUBLIC HEALTH RISKS

The Practice may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, or notifying a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

FOR HEALTH OVERSIGHT ACTIVITIES

The Practice may disclose PHI to the government for oversight activities authorized by law, including but not limited to audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs and compliance with civil rights laws.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

The Practice may disclose PHI to coroners, medical examiners, funeral directors, or other authorized officials as necessary to identify a deceased individual, determine the cause of death, perform legally authorized investigations, or carry out duties associated with funeral and burial arrangements.

RESEARCH

Under limited circumstances, the Practice may use or disclose your protected health information for medical research purposes. Such research may include evaluating and comparing the outcomes, safety, or effectiveness of different treatments, medications, or interventions used to treat similar medical conditions.

All research activities involving protected health information are subject to a formal review and approval process designed to safeguard patient privacy. This process assesses the purpose of the research, the necessity of using health information, and the measures in place to protect confidentiality, ensuring that privacy interests are appropriately balanced with legitimate research needs.

No use or disclosure of your protected health information for research will occur unless the study has been reviewed and approved in accordance with applicable legal and ethical standards governing human subjects research and privacy protection.

REPORTING ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

The Practice may disclose your protected health information to appropriate governmental authorities, social service agencies, or law enforcement officials when we reasonably believe that an individual has been the victim of abuse, neglect, exploitation, or domestic violence, as permitted or required by applicable law. When appropriate and legally permissible, we may inform you of such disclosures unless doing so would place you or another person at risk of harm.

TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY

The Practice may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

MILITARY AND VETERANS

The Practice may use and disclose PHI of military personnel and veterans under certain circumstances. If legally required, we may also disclose health information about foreign military personnel to the appropriate foreign military authority.

NATIONAL SECURITY, INTELLIGENCE, AND PROTECTIVE SERVICES ACTIVITIES

The Practice may disclose protected health information to authorized federal officials for intelligence, counterintelligence, national security, military, homeland security, or other government-authorized activities as required or permitted by law. We may also disclose information to authorized officials responsible for providing protective services to government officials or conducting lawful security investigations.

BUSINESS ASSOCIATES

The Practice works with third-party service providers who assist in operating our practice. These may include electronic health record providers, telehealth platforms, telephone use, laboratories, pharmacies, payment processors, cloud storage providers, legal counsel, and administrative vendors.

These entities are required by law and contractual agreement to protect the confidentiality and security of your information.

DISCLOSURES TO INDIVIDUALS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR YOUR HEALTH CARE

Unless you object, Luma Health Co. may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care.

DATA SECURITY

Luma Health Co. employs administrative, physical, and technical safeguards designed to protect your information from unauthorized access, use, alteration, or disclosure.

Despite reasonable security measures, no electronic communication, internet transmission, cloud storage system, or data platform can be guaranteed to be completely secure.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations; you have the right to revoke your authorization in writing. If you revoke your authorization, Luma Health Co. will no longer use or disclose PHI about you for the reasons covered in your written authorization. Please understand that Luma Health Co. is unable to recover any disclosures already made with your authorization, and that Practice is required to retain records of the care provided to you.

Additionally, Luma Health Co. is required to retain records of the care and services provided to you in accordance with applicable legal and regulatory requirements.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your medical record is maintained by Luma Health Co., the health information contained within it belongs to you. You have the following rights regarding your protected health information:

RIGHT TO INSPECT AND OBTAIN COPIES
Except in limited circumstances, you have the right to access, review, and request copies of your health information. Requests must be submitted in writing to info@lumahealthco.com. A reasonable fee may be charged to cover costs associated with copying, mailing, or supplies needed to fulfill your request.

RIGHT TO REQUEST AMENDMENTS
If you believe that any health information in your record is inaccurate or incomplete, you may request that it be amended. This right applies as long as the information is maintained by or for Luma Health Co. All amendment requests must be submitted in writing to info@lumahealthco.com and must include a clear explanation supporting your request. Requests may be denied if they are not submitted in writing, do not include sufficient justification, or if the information:

- Was not created by Luma Health Co. (unless the original source is no longer available to make the correction);
- Is not part of the designated medical record; or
- Is already accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES
You have the right to request a list (an "accounting") of certain disclosures of your health information, excluding disclosures made for treatment, payment, or healthcare operations. Requests must be submitted in writing to info@lumahealthco.com and must specify a time period not exceeding six years prior to the date of the request.

You may choose whether to receive this list in paper or electronic form. The first request within any 12-month period will be provided at no cost. Additional requests may be subject to a reasonable fee, which will be communicated to you in advance so you may withdraw or modify your request.

RIGHT TO REQUEST RESTRICTIONS
You have the right to request restrictions on how your health information is used or disclosed. For example, you may request that certain information not be shared with individuals involved in your care or payment for services. While Luma Health Co. is not required to agree to all restriction requests, we will make reasonable efforts to honor them whenever possible, unless the information is needed to provide emergency treatment.

All restriction requests must be submitted in writing to info@lumahealthco.com and must clearly specify: (1) the information you wish to restrict; (2) whether the restriction applies to use, disclosure, or both; and (3) the individuals or entities affected by the restriction.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS
You have the right to request that we communicate with you regarding your health information in a confidential or alternative manner. For example, you may request that we contact you only at a specific phone number, address, or through a P.O. Box. Requests must be submitted in writing to info@lumahealthco.com and must clearly indicate how or where you wish to be contacted. Reasonable requests will be accommodated whenever possible.

RIGHT TO A PAPER COPY OF THIS NOTICE
You have the right to obtain a paper copy of this Notice of Privacy Practices at any time, even if you have previously agreed to receive it electronically. To request a paper copy, you must submit your request in writing to **info@lumahealthco.com**.

CHANGES TO THIS NOTICE

Luma Health Co. reserves the right to modify this Notice at any time. Updated versions will be posted on our website and made available upon request by contacting the clinic via phone (504) 336-6164 or email at info@lumahealthco.com. Revised notices may apply to information already maintained by our practice as well as information received in the future.

COMPLAINTS

At Luma Health Co, we value the relationships we develop with our patients, our patients' privacy, and the trust our patients' have in us. As such, we make every effort to remedy any issues or concerns you may have. If you believe your privacy rights have been violated, you must submit a written complaint to Luma Health Co. To file a complaint with the Luma Health Co., contact the administrator via phone (504) 336-6164 or email at ino@lumahealthco.com.

You also have the right to file a complaint with the secretary of the Department of Health and Human Services, Office for Civil Rights. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html. You will not be penalized, retaliated against or denied treatment for filing a complaint.

PLEASE CONTACT THE PRACTICE ADMINISTRATOR OF LUMA HEALTH CO AT INFO@LUMAHEALTHCO.COM . IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OF PRIVACY PRACTICES OR YOUR PRIVACY RIGHTS.

PATIENT ACKNOWLEDGMENT

By signing below, you acknowledge that you are a patient of Luma Health Co. and confirm that you have read, reviewed, and understand the HIPAA Privacy Practices Notice. You agree to the information described in the Notice and understand how your health information may be used and shared as outlined. You also acknowledge that you may request, download, or print a copy of this Notice for your records at any time.

Patient Signature: _____ Date: _____