

Notice of Privacy Practices of SAKURA HEALTH LLC
Effective Date: September 1, 2026

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH DR. SHIORI UCHEYA, (470) 944-5374, INFO@SAKURAHEALTHDPC.COM IF YOU HAVE ANY QUESTIONS.

This Notice of Privacy Practices (“Notice”) applies to all Protected Health Information (“PHI”) about you (the patient) held or transmitted by SAKURA HEALTH LLC. We are required by law to provide individuals with legal notice of our legal duties and privacy practices with respect to PHI.

PHI is any individually identifiable information about your past, present, or future physical or mental health condition or payment for healthcare or about the provision of care to you. PHI may include information about your condition or treatment, diagnostic tests and images, and related health information.

Your Rights

When it comes to your PHI, you have the right to:

Obtain an electronic or paper copy of your medical record. You may ask to see or obtain an electronic or paper copy of your medical record, billing information or other health information we use to make decisions about you or direct us to send a copy of PHI stored in an electronic health record to another person designated by you in writing. We will respond usually within 30 days of your request. We may charge a reasonable fee to cover the costs of furnishing the copy or summary.

Request we make corrections to your medical record. You may request to correct PHI you feel is incomplete or incorrect. We may deny your request, but we will tell you why in writing within 60 days of your request.

Request confidential communications. You may ask us to contact you in a particular way (for instance, office or home phone) or to send mail to another address. We will comply with all reasonable requests.

Ask us to limit what we use or disclose. You may ask us not to use or disclose parts of your PHI for treatment, payment, or health care operations. We are not required to agree to your request, unless you pay out-of-pocket in full for a medical service, your request is to not disclose PHI for the purpose of payment or operations with your health insurer and the disclosure is not required by law.

Obtain an accounting of disclosures of your PHI. You can ask for a list (accounting) of the times we have disclosed your PHI for six years prior to the date of your request. We will include all the 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 will charge a reasonable, cost-based fee if you ask for another one within twelve months.

List of Intermediaries. You have a right to request a list of disclosures made to any intermediaries for the past 3 years.

Obtain a copy of this Notice. You may request a paper copy of this Notice at any time, even if you agreed to receive the Notice electronically.

File a complaint if you feel your rights have been violated. You can file a complaint with our Privacy Officer if you feel we have violated your rights. We will not retaliate against you for filing a complaint. To do so, you may contact us using the information below:

DR. SHIORI UCHEYA, (470) 944-5374, INFO@SAKURAHEALTHDPC.COM

You also have the right to 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.

Select someone else to act for you. If you have granted someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights listed above and make decisions about your PHI.

Provide a single consent. You have the right to provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

Fundraising Communications. You have a right to opt out of fundraising communications from us. If you wish to opt out, send an email to the Privacy Officer at INFO@SAKURAHEALTHDPC.COM.

Uses and Disclosures

We may use and disclose your PHI without obtaining your authorization as described below. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically and by other methods.

For Treatment. We may use and disclose your PHI with other professionals and providers to treat you. For example, we may disclose your PHI to another physician involved in your care.

For Healthcare Operations. We may use and disclose your PHI in connection with healthcare operations. Healthcare operations include quality assessment and improvement activities, arranging for legal services, conducting training programs, reviewing the competence and qualifications of healthcare professionals, and licensing activities. We may also use your PHI to notify you about our health-related products and services, to recommend possible treatment options or alternatives that may interest you, to send you patient satisfaction surveys, and to send you appointment reminders.

For Payment. We may use and disclose your PHI to obtain payment for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections and claims management. These activities also include determinations of eligibility and coverage to obtain payment from you, an insurance company or another third party. For example, we disclose your PHI to your health insurance plan so it will pay for services provided to you.

For public health. We may use and disclose your PHI for public health activities, such as to prevent or control disease, injury or disability. For example, we can disclose PHI about you for specific situations, such as reporting adverse reactions to medications to the FDA; preventing the spread of disease; helping with product recalls; reporting suspected abuse, domestic violence or neglect; or preventing or reducing a serious threat to the health or safety of a person or the public.

For research. We may use or disclose your PHI for research in limited circumstances.

To comply with the law. We will share PHI about you if required by state or federal law, including with the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

To report abuse, neglect or domestic violence. If we reasonably believe that you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government authority, including a social service protective agency, authorized by law to receive reports of abuse, neglect or domestic violence.

For health oversight activities. We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions.

For organ and tissue donation. We may disclose PHI about you to organ procurement organizations, which are entities involved in procuring, banking and transplanting organs, eyes, and tissues.

To a medical examiner, coroner, or funeral director. We may disclose PHI with a coroner, medical examiner, or funeral director when an individual dies.

To law enforcement. We may disclose your PHI for law enforcement purposes, as permitted by HIPAA, including in response to a subpoena or court order.

For lawsuits and legal actions. We may disclose PHI about you in response to a court or administrative order. The law also imposes the following restrictions on legal disclosures of your information:

- (1) Records, or testimony relaying the content of such records, cannot be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order;
- (2) Records can only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record; and
- (3) A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before your record is used or disclosed.

To our business associates. We may disclose your PHI to one of our service providers, known as “business associates,” in order for them to provide services to us or on our behalf. Our business associates are required by written agreement to safeguard your PHI and otherwise protect your privacy as required by law.

Incidental. We may make incidental disclosures of limited PHI, such as by mailing statements to you with your name on the envelope by calling your name in the waiting room to call you back to an examination room.

To individuals involved in your care or payment for your care. We may disclose your PHI to your family or friends, or any other individual identified by you when they are involved in your care or in the payment for your care. For example, when a family member or a friend comes with you into an exam room, we understand this to be your acknowledgment that you want this individual to be involved in your care.

To communicate with you. We may use your PHI in order to communicate with you in person, by phone, by leaving a message in your voicemail, by email, or by text. Unencrypted emails and text can be intercepted. We will only send secure emails or texts to you unless you have agreed to receive unencrypted messages. Permissible communications also include payment and insurance-related items, care correspondence, patient

satisfaction surveys and patient statements about your health care. We may record your phone calls so that we may monitor the quality of the service we provide you over the phone.

To a Health Information Exchange. We may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your healthcare providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

For specialized government functions. To the extent applicable, we may release your PHI for specialized government functions, including military and veterans activities, national security and intelligence activities, and correctional institutions.

For worker's compensation purposes. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

When data is limited or de-identified. We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health and healthcare operations, provided the recipients of the data set agree to keep it confidential. We may also de-identify your PHI and use and disclose the de-identified for purposes permitted by law.

Use and Disclosure Pursuant to an Authorization

In any situation not identified in this Notice, we will ask for your authorization before using or disclosing information about you, in accordance with applicable law. For example, your authorization is required to use or disclose PHI for marketing, to sell PHI or for most uses and disclosures of therapy notes. You may revoke your authorization, at any time, in writing, except to the extent that we have acted in reliance on the authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We may change the terms of this Notice, provided such changes are permitted by applicable law. Changes to this Notice will apply to all PHI we have about you. The new notice will be available upon request, in our office and on our website.

If you have questions about this Notice or how we use or disclose PHI, please contact our Privacy Officer at [DR. SHIORI UCHEYA, \(470\) 944-5374, INFO@SAKURAHEALTHDPC.COM](mailto:DR.SHIORIUCHEYA,(470)944-5374,INFO@SAKURAHEALTHDPC.COM)

I acknowledge that I have received or been offered a copy of the Practice's Notice of Privacy Practices, which explains how my protected health information may be used and disclosed, as well as my rights under applicable law. I understand that I may request an additional copy of the Notice at any time.

Patient Name (Print): _____

Patient Signature: _____

Date: _____