

## EXHIBIT A

### 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.**

Your health record contains personal information about you and your health and may be protected by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (HIPAA) as well as applicable state laws. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and relates to your past, present, or future conditions and related health care services.

#### **This Notice of Privacy Practices applies to:**

In this notice we use the terms “we,” “us,” and “our” to describe Mindful Therapy Group. The notice describes our practices and that of:

- Any health care professional authorized to enter information into the Mindful Therapy Group electronic health record.
- Any health professional authorized to provide services at Mindful Therapy Group facilities.

#### **Your Rights**

When it comes to health information about you, you have certain rights. This section explains your rights. You have the right to:

- Get an electronic or paper copy of the medical record – You may request a copy of certain health information we have about you. We will provide you a copy or a summary of your health information, usually within 30 days of your request. To request a copy of your medical record please submit a Records Request Form on our website at <https://mindfultherapygroup.com/records-request/>. Correct the medical record – You may ask us to correct health information that you think is incorrect or incomplete. To request such an amendment, you must submit a written request to the Privacy Officer.
- Request confidential communication – You may ask us to contact you in a specific way (for example, at your home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

- Ask us to limit the information we share – You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if, for example, it would affect your care. If we agree to your request, we may still share this information in an emergency treatment situation. If you pay for a service or health care item out-of-pocket in full, you may ask us not to share information related to that service or health care item 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 about you – You may ask for a list (accounting) of the times we have shared health information about you for up to six years prior to the date you ask, who we shared it with, and why. 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). To request an accounting, you must submit a written request to our Privacy Officer. We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Receive a paper copy of this privacy notice – You may 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 verify that the person has this authority and can act for you before we take any action.
- Receive notification if affected by a breach of unsecured PHI – You have the right to be notified of any breach of your unsecured PHI.
- File a complaint [on our website](#) if you believe your privacy rights have been violated. Information on how and where to direct complaints is provided below. **We will not retaliate against you for filing a complaint.**

## Your Choices

For certain health information, you can make choices about what we share. If you have a clear preference for how we share information about you in the situations described below,

tell us what you want us to do. 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

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

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

- Marketing purposes
- Most sharing of psychotherapy notes
- Sale of protected health information

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again. However, if we have substance use disorder patient records about you that are subject to 42 C.F.R. Part 2, we will give you a clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

**How do we typically use or share your health information? We use or share your health information without your authorization in the following ways:**

- Treatment. We can use and share health information about you with other health care professionals that may also be treating you. Example: We may share your health information with your primary care physician or prescription information with a pharmacy. We may also use your health information to remind you about an upcoming appointment.
- Payment. We can use and share health information about you 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.
- Operations. We can use and share health information about you to run our business, improve your care, and contact you when necessary. Example: We use health information about you to coordinate your treatment and services.

- Service Providers. To our business associates who provide services to us that involve using or disclosing health information. We require our business associates to agree to protect the privacy and security of health information and to safeguard your rights.

### **How else can we use or share your health information?**

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

**For public health and safety issues.** We can use and share information about your for certain situations such as:

- Preventing disease, including notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Preventing or reducing a serious threat to anyone’s health or safety.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.

**To do research.** We can use or share your information for health research purposes, provided that certain requirements are met, which are designed to protect the privacy of your information.

### **To comply with the law**

We may share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with HIPAA.

**To address law enforcement, government, or other requests, including those related to lawsuits and legal actions.** For example, we can share your health information:

- For law enforcement purposes or with a law enforcement official with very explicit limitations.
- With health oversight agencies for activities authorized by law. These oversight activities include, for example, audits; investigations, proceedings or actions; inspections; and disciplinary actions.

- In response to a court or administrative order, or in response to a subpoena. If we have substance use disorder patient records about you that are protected by 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) pursuant to a very specific court order and a subpoena related to such records. For workers' compensation claims.
- For special government functions such as military, national security, and presidential protective services.
- With a coroner, medical examiner, or funeral director when an individual dies only to the extent necessary to assist them in carrying out their duties.
- With organ procurement organization to the extent necessary to respond to or help facilitate organ and tissue donation requests.
- Some states have laws that are stricter than HIPAA, such as laws protecting mental health information. If a state law applies to us, which places limits on the ways we can use or share your health information – for example, a state law which requires us to obtain your prior written consent prior to sharing your health information - we will follow the stricter state law. If you would like to know more about any applicable state laws, please ask our Privacy Officer.

### **Our Responsibilities**

We are required by law to maintain the privacy and security of protected health information. We must follow the practices described in this notice and give you a copy of this notice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.

Protected health information about you will not be used or disclosed without your written permission except as described in this Notice of Privacy Practices. You may change your mind regarding authorizations you have provided at any time by submitting an updated written notice.

### **Changes to the Terms of this Notice**

We reserve the right to change the terms of this notice at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice of Privacy Practices by posting the revised version on the Mindful Therapy Group website.

### **For More Information or to Report an Issue**

If you have questions about this notice, or would like additional information, you may contact our Privacy Officer at the telephone number listed below. If you believe that your rights have been violated, you have the right to file a complaint with our Privacy Officer or with the Office for Civil Rights: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). All complaints to our Privacy Officer must be in writing and describe the concern.

### **Privacy Contact Information:**

Sadie Forester, HIPAA Privacy Officer

Phone: 425-678-6463 x907 Email: [SForester@mindfulsupportservices.com](mailto:SForester@mindfulsupportservices.com)

Address: 21907 64th Ave W Suite 200, Mountlake Terrace, WA 98043

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## **NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES**

We provide language assistance services. Appropriate auxiliary aids and services to provide information in accessible formats are available free of charge. Call 1-425 640-7009 (TTY: 711 or your preferred relay service) or speak to your provider.

### **Spanish**

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-425 640-7009 (TTY: 711 o su servicio de retransmisión preferido) o hable con su proveedor.

## **Chinese (Simplified)**

如果您说中文，我们可为您提供免费的语言协助服务。我们还可免费提供适当的辅助设备和服务，以便以无障碍格式提供信息。请致电 1-425-640-7009（TTY：711 或您首选的中继服务），或与您的服务提供者联系。

## **Vietnamese**

Nếu bạn nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-425-640-7009 (TTY: 711 hoặc dịch vụ chuyển tiếp ưa thích của bạn) hoặc nói chuyện với nhà cung cấp của bạn.

## **Somali**

Haddii aad ku hadasho Soomaali, adeegyada caawinta luqadda ayaa kuu diyaar ah bilaash. Adeegyada iyo qalabka kaabaya ee ku habboon si macluumaadka loogu bixiyo qaabab la heli karo ayaa sidoo kale bilaash ah. Wac 1-425-640-7009 (TTY: 711 ama adeegga gudbinta ee aad doorbidayso) ama la hadal bixiyahaaga.

## **Korean**

한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-425-640-7009 (TTY: 711 또는 선호하는 중계 서비스)로 전화하시거나 담당 제공자에게 문의하십시오.

## **Russian**

Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по номеру 1-425-640-7009 (TTY: 711 или предпочитаемая служба ретрансляции) или обратитесь к своему специалисту.

## Tagalog (Filipino)

Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo sa tulong sa wika na available para sa iyo. Ang mga naaangkop na pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang walang bayad. Tumawag sa 1-425-640-7009 (TTY: 711 o ang iyong gustong relay service) o makipag-usap sa iyong provider.

## Ukrainian

Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги мовної допомоги. Також безкоштовно надаються відповідні допоміжні засоби та послуги для надання інформації у доступних форматах. Телефонуйте за номером 1-425-640-7009 (TTY: 711 або ваша бажана служба ретрансляції) або зверніться до свого постачальника послуг.

## Arabic

إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجانًا. كما تتوفر مجانًا وسائل وخدمات مساعدة مناسبة لتقديم أو خدمة الترحيل المفضلة لديك) (TTY: 711) المعلومات بصيغ يسهل الوصول إليها. اتصل على الرقم 1-425-640-7009 أو تحدث إلى مقدم الخدمة الخاص بك.

## Amharic

አማርኛ ከሆነ በነፃ የቋንቋ እርዳታ አገልግሎቶች ይገኛሉ። መረጃን በሚደርስ ቅርጸት ለማቅረብ ተገቢ የሆኑ የረዳት መሳሪያዎችና አገልግሎቶች ደግሞ በነፃ ይገኛሉ። ወደ 1-425-640-7009 (TTY: 711 ወይም የሚመርጡት የመላኪያ አገልግሎት) ይደውሉ ወይም ከአቅራቢዎ ጋር ይነጋገሩ።

## Hindi

यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-425-640-7009 (TTY: 711 या आपकी पसंदीदा रिसे सेवा) पर कॉल करें या अपने प्रदाता से बात करें।

## Japanese

日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報を利用しやすい形式で提供するための適切な補助機器およびサービスも無料で提供されます。1-

425-640-7009 (TTY: 711 またはご希望のリレーサービス) までお電話いただくか、担当者にご相談ください。

### **Punjabi**

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। 1-425-640-7009 (TTY: 711 ਜਾਂ ਤੁਹਾਡੀ ਪਸੰਦੀਦਾ ਰੀਲੇ ਸੇਵਾ) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

### **Oromo**

Yoo Afaan Oromoo dubbattu, tajaajilli gargaarsa afaanii kaffaltii malee ni argama. Odeeffannoo haala salphaan argamuun dhiyeessuuf meeshaalee fi tajaajiloonni gargaarsaa sirrii ta'anis kaffaltii malee ni kennamu. Gara 1-425-640-7009 (TTY: 711 ykn tajaajila dabarsaa filatamaa keessan) bilbilaa ykn dhiyeessaa keessan waliin haasa'aa.

### **French**

Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-425-640-7009 (ATS : 711 ou votre service de relais préféré) ou parlez à votre prestataire.

