

NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2025

This Notice describes how your medical information may be used and disclosed and how you can access that information. Please review it carefully.

About This Notice

This Notice of Privacy Practices (“Notice”) describes how USA Clinics Group and its affiliated entities and healthcare professionals may use and disclose your protected health information (“PHI”) for purposes of treatment, payment, and healthcare operations, as well as other purposes permitted or required by law. It also explains your rights regarding your health information and how you can exercise those rights.

This Notice applies to all facilities and providers affiliated with USA Clinics Group, including those operating under the names USA Vein Clinics, USA Vascular Centers, and USA Fibroid Centers. All such entities follow the same privacy practices described here.

We are required by law to maintain the privacy and security of your protected health information, provide you with this Notice describing our legal duties and privacy practices, notify you promptly if a breach occurs that may have compromised the privacy or security of your information, and follow the terms of this Notice while it is in effect.

If you have any questions about this Notice or your rights, please contact our Privacy Office using the information below.

How We May Use and Disclose Your Information

We may use and share your health information as needed to provide care and manage our operations, consistent with applicable laws.

Treatment

We may use and share your information with healthcare professionals involved in your care to provide diagnosis, treatment, or coordination of services.

Payment

We may use and disclose your information to bill and receive payment from health plans or other entities responsible for paying for your care.

Healthcare Operations

We may use and share information for administrative and quality improvement purposes, such

as staff training, accreditation, or compliance reviews.

Other Uses and Disclosures Permitted or Required by Law

We may also share information for public health activities, health oversight, law enforcement purposes, organ and tissue donation, medical research (with safeguards), to prevent or lessen serious threats to health or safety, for workers' compensation, and for national security or correctional health purposes when required by law.

When permitted by law, we may share limited information to assist in disaster relief efforts or to notify family members involved in your care.

We do not sell your health information and will not use or disclose it for marketing purposes without your written authorization.

Any other use or disclosure of your information not described in this Notice will require your written authorization, which you may revoke at any time in writing.

Your Rights Regarding Your Health Information

You have important rights under federal and state law. You may:

- Get an electronic or paper copy of your medical record. You may request access to your medical records in paper or electronic form. We will provide it in the format you request, if readily producible, within the time required by law.
- Request a correction to your medical record. If you believe information is incorrect or incomplete, you may ask us to correct it. We may deny your request in limited cases, but we will inform you in writing of the reason.
- Request confidential communications. You may ask that we contact you in a specific way (for example, at a different address or phone number). We will accommodate reasonable requests.
- Request restrictions on uses or disclosures. You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, but if we do, we will honor the agreement. If you pay for a service or healthcare item out of pocket in full, you may request that we not share that information with your health plan.
- Request a list of disclosures. You may request an accounting of certain disclosures made during the six years prior to your request.
- Request a paper or electronic copy of this Notice. You may obtain a copy of this Notice at any time, even if you agreed to receive it electronically.
- File a complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health

information and to abide by the terms of this Notice. We may revise this Notice as needed and make the new Notice available in our offices and online. Any changes will apply to all information we maintain, including information created or received before the change took effect.

Contact Information

Privacy & Compliance Office

USA Clinics Group

304 Wainwright Drive, Suite 130

Northbrook, IL 60062

Email: privacy@usaclinics.com

Website: <https://www.usaveinclinics.com/hipaa-notice-of-privacy-practices/>

To file a complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights (OCR)

200 Independence Avenue, S.W.

Washington, D.C. 20201

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

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