Nova Health Group

NOTICE OF PRIVACY PRACTICES

Effective Date: July 18, 2026

Your Information. Your Rights. Our Responsibilities.

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 RIGHTS

- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Receive an accounting of certain disclosures
- Get a paper copy of this notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights were violated

YOUR CHOICES

- Share information with family, friends, or others involved in your care
- Share information for disaster relief
- Include information in a facility directory, if applicable
- Use or share certain mental health information
- Use information for certain marketing, fundraising, or sales

OUR USES AND DISCLOSURES

- Treat you
- Run our practice
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law-enforcement, and government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have specific rights. The following explains those rights and Nova Health Group's responsibilities in helping you exercise them.

Get an electronic or paper copy of your medical record

You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. Contact our Privacy Officer to learn how to make this request.

We generally will provide a copy or a summary of your health information within 30 days after receiving your request. We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your medical record

You may ask us to correct health information about you that you believe is incorrect or incomplete. Contact our Privacy Officer to learn how to make this request.

We may deny the request in some circumstances, but we will explain the reason in writing, generally within 60 days.

Request confidential communications

You may ask us to contact you in a particular way, such as at a home, office, or mobile number, or to send mail to a different address. We will agree to reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or health care operations. We generally are not required to agree, and we may deny a request if, for example, it could affect your care. If we agree, we may still disclose the information if emergency treatment is needed.

If you pay out of pocket in full for a service or health care item, you may ask us not to disclose information about that item to your health plan for payment or health care operations. We will agree unless a law requires the disclosure.

Receive an accounting of certain disclosures

You may ask for a list, called an accounting, of certain disclosures of your health information made during the six years before the date of your request, including who received the information and why it was disclosed.

The accounting will not include disclosures for treatment, payment, or health care operations and certain other disclosures, such as disclosures you authorized or asked us to make. We will provide one accounting in a 12-month period at no charge. We may charge a reasonable, cost-based fee for an additional accounting requested during the same 12-month period.

Get a paper copy of this notice

You may ask for a paper copy of this notice at any time, even if you previously agreed to receive it electronically. We will provide a paper copy promptly.

Choose someone to act for you

If a person has legal authority to act for you, such as under a medical power of attorney or as a legal guardian, that person may exercise your rights and make choices about your health information.

Before taking action, we will verify that the person has the necessary authority to act for you.

File a complaint if you believe your rights were violated

You may complain to Nova Health Group by contacting Zhongying Liu, MD / Privacy Officer 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 by mailing 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/.

Nova Health Group will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. If you have a clear preference in the situations below, tell us what you want us to do and we will follow your instructions.

You may tell us to

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster-relief situation
- Include your information in a hospital or facility directory, if applicable

If you cannot tell us your preference, such as when you are unconscious, we may disclose information if we believe the disclosure is in your best interest. We may also disclose information when needed to lessen a serious and imminent threat to health or safety.

We require your written permission for

- Marketing purposes
- Sale of your information
- Most uses or disclosures of psychotherapy notes

We may contact you about fundraising, but you may tell us not to contact you again. If we maintain substance use disorder patient records subject to 42 CFR part 2 and propose to use Part 2 information for fundraising, we will provide clear and obvious notice in advance and give you a choice about whether to receive those communications.

Nova Health Group does not sell protected health information or other personal information.

Our Uses and Disclosures

How we typically use or share your health information

Treat you

We may use your health information and share it with other health professionals who are treating you.

Example: A physician treating an injury asks another physician about your overall health condition.

Run our practice

We may use and share your health information to operate our practice, improve your care, and contact you when necessary.

Example: We use health information to coordinate and manage your treatment and services.

Bill for your services

We may use and share your health information to bill and obtain payment from health plans or other responsible parties.

Example: We provide information to your health plan so it can process payment for services provided to you.

Substance use disorder records

To the extent Nova Health Group maintains substance use disorder patient records protected by 42 CFR part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Other permitted or required uses and disclosures

We are permitted or required to use and disclose your health information in other ways, generally for activities that serve the public good, such as public health and research. We must satisfy the conditions required by law before making these uses or disclosures. When another federal or state law provides greater privacy protection, we will follow the more protective law.

To the extent Nova Health Group maintains substance use disorder patient records protected by 42 CFR part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Help with public health and safety issues

We may disclose health information for certain public-health and safety activities.

- Preventing or controlling disease
- Assisting with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Conduct research

We may use or disclose health information for health research when applicable legal requirements are met.

Comply with the law

We will disclose information when state or federal law requires it, including to the U.S. Department of Health and Human Services if it asks to verify our compliance with federal health-information privacy law.

Respond to organ and tissue donation requests

We may disclose health information to organ-procurement organizations.

Work with a medical examiner or funeral director

When a person dies, we may disclose health information to a coroner, medical examiner, or funeral director as permitted by law.

Address workers' compensation, law-enforcement, and government requests

We may use or disclose health information for workers' compensation claims, for law-enforcement purposes or to a law-enforcement official, to health-oversight agencies for activities authorized by law, and for special government functions such as military, national-security, and presidential-protective services.

Respond to lawsuits and legal actions

We may disclose health information in response to a court or administrative order or, when legal requirements are satisfied, in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- 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 provide you with a copy of it.
- We will not use or disclose your information other than as described in this notice unless you authorize us in writing. You may revoke an authorization at any time by notifying us in writing. A revocation will not affect actions already taken in reliance on the authorization.

Changes to the Terms of This Notice

We may change the terms of this notice. Any changes will apply to all health information we maintain, including information created or received before the revision. A revised notice will be available upon request, in our office, and on our website.

You may request a paper copy from our office at any time. Nova Health Group provides this notice no later than the date of first service delivery and makes a good-faith effort to obtain written acknowledgment that the notice was received, as required for covered health care providers with a direct treatment relationship.

Questions or Complaints

Contact Nova Health Group's Privacy Officer with questions about this notice, requests to exercise your privacy rights, or complaints about our privacy practices.

Nova Health Group

Zhongying Liu, MD / Privacy Officer

669 Broad Ave, Suite 101

Ridgefield, NJ 07657

Phone: (201) 888-2916

Email: info@novahealthprime.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at HHS.gov, by calling 1-877-696-6775, or by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201.

Nova Health Group will not retaliate against you for filing a complaint.