Notice of Privacy Statement

Tranquil Days Behavioral Health LLC 5900 Balcones Drive #20847 Austin, TX, 78731, USA

By law, Tranquil Days Behavioral Health LLC is required to protect the privacy of your identifiable medical and other health information. There are certain circumstances, which will be discussed below, where Tranquil Days Behavioral Health LLC can or will disclose your health information.

Limits to Confidentiality In general, Tranquil Days Behavioral Health LLC is required to obtain authorization from patients in order to release their health information. However, there are certain situations where such authorization is not required. These include: 1. For the purpose of treatment: Your health information can be used and disclosed with your other healthcare providers, such as doctors and therapists, for the purpose of treatment. 2. Danger to self or others/grave disability: If Dr. Panagopoulos reasonably believes there is an imminent risk of harm to self, may notify the authorities and/or your emergency contact. If Dr. Panagopoulos reasonably believes there is an imminent risk of harm to others, he may have a duty to warn those he believes are at risk of said harm as well as the authorities. If Dr. Panagopoulos reasonably believes that you are unable to take care of yourself, he may notify the authorities and/or your emergency contact. 3. Relatives, caregivers, and close personal friends: Tranquil Days Behavioral Health LLC will typically obtain your consent to release your information to specified individuals. However, Dr. Panagopoulos may exercise professional judgment to determine whether a disclosure is in your best interest. Under appropriate circumstances, including emergencies, Dr. Panagopoulos may contact family members, caregivers, or close personal friends. During such instances, some of your health information may be disclosed. If information were to be disclosed to a family member, caregiver, or a close personal friend, Dr. Panagopoulos would disclose only information believed to be directly relevant to the person's involvement with your health care. 4. Public Health Activities: Dr. Panagopoulos may disclose your health information for the following public health activities: a. To report to public health authorities for the purpose of preventing or controlling disease, injury or disability; b. To report child or elder abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; c. To report information to the U.S. Food and Drug Administration (FDA) about products and services under its jurisdiction; d. To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; or e. To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance. 5. Victims of Abuse, Neglect or Domestic Violence: If Dr. Panagopoulos reasonably believes that you are a victim of abuse, neglect, or domestic violence, he may disclose your health information as required by law to a social services or other governmental agency authorized by law to receive such reports. 6. Law Enforcement Officials, Judicial, and Administrative Proceedings: Dr. Panagopoulos may disclose health information to police or other law enforcement officials. We may

also disclose health information in judicial or administrative proceedings, such as in response to a subpoena, court order, or other action of law.

Release of personal information that you authorize Upon your request and completion of our authorization form, Tranquil Days Behavioral Health LLC will release your personal information to third parties as directed by you. This can be useful to involve other parties in your care, such as family members, caregivers, and close personal friends. You have the right t o withdraw this consent at any point.

Authorization for Limited Disclosure of Personal Information At times Dr. Panagopoulos needs to share your personal information to facilitate the processing of your treatment. You hereby authorize Dr. Panagopoulos to disclose limited personal information about you including appointment details, billing information, contact information, and prescription information to pharmacies, insurance companies, and hospitals.

Other Limits to Confidentiality While an appointment is in session, confidentiality does not apply to participants in the session. Therefore, Tranquil Days Behavioral Health LLC does not accept any liability for release of personal information to appointment participants.

Patient Rights Regarding Health Information 1. Right to request access to health information: You have the right to request access to your medical records. Under limited circumstances, we may deny you access to your records (e.g., if such access may negatively impact your health). 2. Right to revoke your authorization: You may revoke any prior authorization obtained by Tranquil Days Behavioral Health LLC for use and disclosure of your protected health information, except to the extent that it has already been used. 3. Right to be notified of breach: You have the right to be notified if there has been a breach of you protected health information.

By electronically signing, you certify that you have read, understand, and agree to all of the provisions of the privacy notice.