NOTICE OF PRIVACY PRACTICES

Behavior Bridge ABA Therapy LLC

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.

Effective Date: July 13, 2026 Version 1.0

Our Commitment to Your Privacy

Behavior Bridge ABA Therapy LLC ("Behavior Bridge," "we," "us," or "our") is required by law to protect the privacy of your protected health information ("PHI"), to give you this Notice explaining our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.

PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health, the health care we provide to you, or payment for that care. Because we provide Applied Behavior Analysis (ABA) therapy primarily to children, this Notice generally speaks to the parent or legal guardian acting on the child's behalf. See "Parents, Guardians, and Personal Representatives" below.

This Notice applies to all records of care generated by Behavior Bridge, including records maintained in our practice management system, in our billing systems, and by vendors acting on our behalf under a Business Associate Agreement.

How We May Use and Disclose Your Health Information

The following categories describe the ways we may use and disclose PHI. Not every permitted use or disclosure is listed, but every use or disclosure we make will fall within one of these categories or will be made only with your written authorization.

Treatment

We use and disclose PHI to provide, coordinate, and manage your child's ABA therapy. For example, your child's Board Certified Behavior Analyst (BCBA) may share assessment results and the treatment plan with the Registered Behavior Technicians (RBTs) delivering direct therapy in your home, so they can implement the plan accurately. We may also share PHI with your child's pediatrician, developmental pediatrician, school, or other treating providers to coordinate care — for example, sending a progress summary to a referring physician.

Payment

We use and disclose PHI to obtain payment for the services we provide. This includes verifying insurance eligibility and benefits, obtaining prior authorization for services, submitting claims, appealing denials, and

collecting copayments, coinsurance, deductibles, or private-pay balances. For example, we may send your health plan information about the sessions your child received, the CPT codes billed, and the clinical justification supporting medical necessity.

Health Care Operations

We use and disclose PHI to run our practice and make sure our clients receive quality care. Examples include clinical supervision and case review, quality-assessment and outcome measurement, staff training and RBT competency assessment, credentialing and licensing activities, business planning, audits, and compliance activities.

> **A note about our vendors (Business Associates)**
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> We work with outside companies that perform services on our behalf — such as our practice management and billing platform, our revenue-cycle and credentialing partner, and our communications and technology providers. These companies may receive PHI in order to do their jobs. Federal law requires them to sign a Business Associate Agreement obligating them to safeguard your information and to use it only for the purposes we permit.

Appointment Reminders and Communications

We may contact you by phone, voicemail, text message, email, or mail to remind you of scheduled sessions, to coordinate scheduling, or to follow up on your child's care. If you have provided a mobile number and opted in, we may send text messages for these purposes. You may tell us to use a different method or a different address at any time — see "Right to Request Confidential Communications" below.

Individuals Involved in Your Child's Care

We may disclose PHI to a family member, relative, or other person you identify as involved in your child's care or payment for that care, to the extent relevant to their involvement. If you are not present or are unable to agree or object, we may use professional judgment to determine whether the disclosure is in your child's best interest.

Uses and Disclosures That May Be Made Without Your Authorization

Federal and Texas law permit or require us to use or disclose PHI without your authorization in the following circumstances:

- **As required by law.** When federal, state, or local law requires the use or disclosure.
- **Abuse, neglect, or exploitation.** Texas law requires any person who suspects that a child is being abused or neglected to report it to the Texas Department of Family and Protective Services or to law enforcement. As providers working with children, we are mandated reporters and will make such reports as the law requires.
- **To avert a serious threat to health or safety.** When necessary to prevent or lessen a serious and imminent threat to the health or safety of your child or another person.
- **Public health activities.** Including reporting to public health authorities for disease prevention or control, and reporting reactions to medications or product problems.
- **Health oversight activities.** Such as audits, investigations, inspections, and licensure actions by agencies that oversee the health care system, government benefit programs, and compliance with civil rights laws.

- **Judicial and administrative proceedings.** In response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, subject to applicable safeguards.
- **Law enforcement purposes.** Under specific conditions permitted by law.
- **Military and veterans.** If your child is a dependent of a member of the armed forces, we may disclose PHI as required by military command authorities. Because we participate in the TRICARE network, we may also disclose PHI to the Defense Health Agency, TriWest Healthcare Alliance, and their contractors as required by our provider agreement and by law — including for claims payment, program integrity, audits, and quality review.
- **Workers' compensation.** As authorized by workers' compensation laws.
- **Coroners, medical examiners, and funeral directors.** As permitted by law.
- **Research.** When an institutional review board or privacy board has approved the research and established protocols to protect privacy, or where the information has been de-identified.
- **Organ and tissue donation.** As permitted by law.
- **Specialized government functions.** Including national security and intelligence activities and protective services for the President and others.
- **Inmates.** To a correctional institution or law enforcement official having custody, under specified conditions.

Uses and Disclosures That Require Your Written Authorization

The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes, where such notes are maintained;
- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute a sale of PHI;
- Use of your child's name, image, likeness, or progress story in testimonials, advertising, social media, or promotional materials — we will never do this without your separate written authorization;
- Any other use or disclosure not described in this Notice.

You may revoke an authorization at any time by submitting your revocation in writing. A revocation will not apply to uses or disclosures we already made in reliance on that authorization.

> **Texas law: additional protection for electronic disclosures**
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> In addition to federal HIPAA requirements, Texas law (Tex. Health & Safety Code § 181.154) requires your separate written authorization before we may electronically disclose your PHI to a third party, unless the disclosure is for treatment, payment, health care operations, or is otherwise expressly authorized or required by law.

Your Rights Regarding Your Health Information

You have the following rights with respect to the PHI we maintain about your child. To exercise any of these rights, submit your request in writing to our Privacy Officer using the contact information at the end of this Notice.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your child's designated record set, including clinical and billing records. If you request an electronic copy of records we maintain electronically, we will provide it in the electronic form and format you request if it is readily producible.

Texas timing standard: Texas law requires us to provide requested records within **15 business days** of receiving a written request — a shorter deadline than the federal 30-day standard. We follow the 15-business-day standard. We may charge a reasonable, cost-based fee. In limited circumstances we may deny a request, and you may have the right to have that denial reviewed.

Right to Request an Amendment

If you believe information in your child's record is incorrect or incomplete, you may request that we amend it. We may deny the request if the record was not created by us, is not part of the designated record set, is not available for inspection, or is accurate and complete. If we deny your request, we will explain why in writing and you may submit a statement of disagreement that becomes part of the record.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we made of your child's PHI, other than disclosures for treatment, payment, and health care operations, disclosures you authorized, and certain other exceptions. Your request may cover a period of up to six years. The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests.

Right to Request Restrictions

You have the right to request a restriction on how we use or disclose PHI for treatment, payment, or health care operations, or to persons involved in your child's care. We are not required to agree to most restriction requests, but if we do agree, we will honor it except in an emergency.

> **One restriction we MUST honor — relevant to private-pay families**
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> If you pay for a service out of pocket, in full, we are required by law to honor your request that we not disclose PHI about that service to your health plan, unless the disclosure is otherwise required by law. Families who choose private pay in order to keep a service out of their insurance record should make this request in writing at the time of service.

Right to Request Confidential Communications

You have the right to ask that we communicate with you about health matters in a certain way or at a certain location — for example, only by mail to a specific address, or only at a particular phone number. We will accommodate reasonable requests and will not ask you to explain the reason for the request.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically. You may also obtain a copy at behaviorbridgeaba.com or by asking us.

Right to Be Notified of a Breach

You have the right to be notified if we discover a breach of your unsecured PHI. We will notify you as required by federal and Texas law.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney, or if someone is your child's legal guardian, that person can exercise these rights and make choices about your child's PHI. We will verify that the person has this authority before we take any action.

Parents, Guardians, and Personal Representatives

Because our clients are generally minors, a parent or legal guardian ordinarily acts as the child's personal representative and may exercise the rights described in this Notice on the child's behalf. In certain limited circumstances defined by Texas and federal law — for example, where a minor may lawfully consent to care, where a court has restricted a parent's access, or where we reasonably believe the child has been or may be subjected to abuse or neglect by that parent — we may decline to treat a parent as the personal representative. We may also require documentation of guardianship, custody, or authority before releasing information.

Our Legal Duties

- We are required by law to maintain the privacy and security of your PHI.
- We are required to give you notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.
- We are required to notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We will not use or disclose your PHI other than as described in this Notice unless you tell us we may, in writing. If you tell us we may, you may change your mind at any time by notifying us in writing.

Changes to this Notice. We reserve the right to change this Notice and to make the revised Notice effective for PHI we already have as well as information we receive in the future. The current Notice will be posted at behaviorbridgeaba.com, will be available on request, and will display its effective date. We will provide a revised Notice to families upon request and at the next opportunity.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us and with the federal government. You will not be retaliated against, penalized, or denied services in any way for filing a complaint.

With Behavior Bridge

Submit a written complaint to our Privacy Officer using the contact information below. We will investigate every complaint we receive.

With the U.S. Department of Health and Human Services

You may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201; by calling 1-877-696-6775; or by visiting hhs.gov/ocr/privacy/hipaa/complaints/. Complaints must generally be filed within 180 days of when you knew or should have known the act occurred.

With the State of Texas

You may also file a complaint with the Office of the Texas Attorney General, Consumer Protection Division, which enforces the Texas Medical Records Privacy Act.

Contact Information

Privacy Officer	Iroro Joseph Clarke, Co-Founder & Chief Operating Officer
Practice	Behavior Bridge ABA Therapy LLC
Address	1000 Main Street, Suite 2300, Houston, TX 77002
Phone	346-586-4042
Fax	346-586-4421
Email	privacy@behaviorbridgeaba.com
Website	behaviorbridgeaba.com

Acknowledgment of Receipt

We are required to make a good-faith effort to obtain written acknowledgment that you received this Notice. Signing below acknowledges receipt only — it is not consent to treatment and does not authorize any use or disclosure of health information beyond what this Notice describes. If you decline to sign, we will document that and will still provide services.

Parent / Legal Guardian Name (printed): _____

Client (Child) Name: _____

Signature: _____ Date: _____

For office use — acknowledgment not obtained. Good-faith effort documented by: _____ Date: _____