SELAH HEALTH

NOTICE OF PRIVACY PRACTICES

Effective Date: August 9, 2026

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.

Selah Health is committed to protecting the privacy and security of your protected health information (PHI). This Notice describes your privacy rights and how Selah Health may use and disclose your health information in connection with health care services, including telehealth services.

Your Rights

When it comes to your health information, you have certain rights. Selah Health has responsibilities to help you exercise those rights.

Get an electronic or paper copy of your medical record

You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We will provide access as required by applicable law and may charge a reasonable, cost-based fee where permitted.

Ask us to correct your medical record

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will explain the reason in writing when required.

Request confidential communications

You may ask us to contact you in a specific way, such as by telephone, secure portal, or at a particular address. We will accommodate 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 are generally not required to agree, except when you have paid in full out-of-pocket for a service or item and ask us not to disclose information about it to your health plan for payment or health care operations, unless disclosure is required by law.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information made during the period allowed by law. Certain disclosures, including many disclosures for treatment, payment, and health care operations, are not included.

Get a copy of this Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose someone to act for you

If another person has legal authority to act for you, such as a health care power of attorney or legal guardian, that person may exercise your privacy rights as permitted by law.

File a complaint

You may contact Selah Health if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Selah Health 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. For example, when applicable, you may tell us whether we may share information with family members, friends, or others involved in your care or payment for your care. If you cannot tell us your preference, we may share information when permitted by law and when we believe doing so is in your best interest.

Uses and Disclosures of Your Health Information

We may use and disclose your health information without your written authorization when HIPAA and other applicable laws permit or require us to do so. Common examples include:

Treatment. We may use and share your information to provide, coordinate, or manage your health care and to communicate with other health care professionals involved in your care.

Health care operations. We may use and share your information to operate Selah Health, improve services, conduct quality activities, manage our practice, and perform other permitted health care operations.

Payment and billing. We may use and share information as necessary to bill for services, process payments, or work with health plans when applicable.

Public health and safety. We may disclose health information for permitted public health and safety activities, including reporting certain diseases, adverse events, suspected abuse or neglect, or preventing a serious threat to health or safety.

Complying with law. We may disclose information when federal, state, or other applicable law requires us to do so.

Health oversight, legal proceedings, and law enforcement. We may disclose information for permitted health oversight activities, judicial or administrative proceedings, law enforcement purposes, and other government functions when the applicable legal requirements are met.

Workers' compensation. We may disclose information as authorized by and necessary to comply with workers' compensation or similar programs.

Medical examiners, coroners, funeral directors, and organ donation. We may disclose information for these purposes when permitted by law.

Research. We may use or disclose health information for research when applicable legal requirements and protections are satisfied.

Telehealth and Electronic Communications

Selah Health provides virtual health care and may use electronic health records, a secure patient portal, telehealth technology, electronic prescribing systems, laboratories, pharmacies, and other service providers to support your care. We take reasonable administrative, technical, and physical safeguards to protect PHI. Electronic communication and telehealth technologies may carry privacy and security risks despite these safeguards.

Uses Requiring Your Written Authorization

We will obtain your written authorization for uses and disclosures of PHI when HIPAA or other applicable law requires authorization. Certain uses involving marketing, the sale of PHI, psychotherapy notes, or other specially protected information may require authorization. If you give us written authorization, you may revoke it in writing as permitted by law; revocation does not undo actions already taken in reliance on the authorization.

Substance Use Disorder Records

To the extent Selah Health creates, receives, or maintains substance use disorder patient records that are protected by 42 CFR Part 2, those records receive the additional protections required by applicable federal law. Such records may not be used or disclosed in certain investigations or legal proceedings against you without the authorization or legal process

required by law.

State and Other Privacy Laws

Selah Health will comply with applicable federal and state privacy laws. When another applicable law provides greater privacy protection or imposes greater restrictions on disclosure than HIPAA, Selah Health will follow the more protective requirement to the extent it applies.

Our Responsibilities

Selah Health is required by law to maintain the privacy and security of your PHI, provide you with this Notice, and follow the privacy practices described in the Notice currently in effect. We will notify affected individuals as required by law if a breach occurs that may have compromised the privacy or security of unsecured PHI.

Changes to This Notice

We may change the terms of this Notice and may make the revised Notice effective for all health information we maintain, including information created or received before the change. The current Notice will be made available through our website and/or patient portal and upon request.

Questions, Requests, or Complaints

Privacy Contact: Selah Health Privacy Officer
Email: hello@myselahhealth.com
Practice: Selah Health

For privacy questions, requests, or complaints, please contact the Privacy Officer using the information above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Selah Health will not retaliate against you for exercising your privacy rights or filing a complaint.

Practice note: This document is based on the current HHS model Notice of Privacy Practices for HIPAA-covered health care providers. Because Selah Health provides telehealth across multiple states, the practice should have the final notice reviewed for any state-specific privacy requirements that apply to its services.