



This Notice of Privacy Practices, Authorization for Assignment of Benefits and Financial Agreement, and Consent for Treatment applies to ZoeStyle Medicine, LLC, DBA Zoe Primary Care and Zoe Therapy Services, LLC and any and all other affiliates and subsidiaries that operate under the DBA of ZoeRVA Health (collectively, the “Company”).

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities

This notice, effective February 10, 2026, 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

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- Be notified of a breach of unsecured protected health information
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do 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 other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

To support timely and efficient communication, our practice may leave voicemail messages, send text messages, or email you with details about your care. These messages may contain **protected health information (PHI)**, such as diagnoses, treatment plans, medication instructions, or test results. While we use reasonable safeguards, our practice **cannot guarantee the security** of PHI sent through these methods:

- Voicemail – Messages may be left on the phone number(s) you provide. Anyone with access to your voicemail may hear these messages.
- Text Messaging – Text messages are not encrypted. There is a risk that messages could be read by someone other than you.
- Email – Standard email is not fully secure. There is a risk that email messages could be intercepted or accessed by unauthorized parties.

Unless you request otherwise, we will use voicemail, text messaging, and email to share this information with you. If you prefer not to receive PHI through any of these methods, please notify our office in writing at any time. Choosing not to allow these methods will not affect your right to receive care.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at ZoeRVA Health, Attn: Privacy Officer, 2808 Fox Chase Ln., Midlothian, VA 23112 or by contacting our Privacy Officer by telephone at 804-303-9622 or by email at contactus@zoerva.com.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

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

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

We never market or sell your personal information.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

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

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

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

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

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Confidentiality of Substance Use Disorder Records

Federal law and regulations, under 42 USC § 290dd-2 and 42 CFR Part 2 (collectively, "Part 2"), protect the confidentiality of substance use disorder patient records maintained by the Company. We may not release that information protected by Part 2 unless:

- You consent in writing;
- The disclosure is allowed by a court order meeting the requirements of Part 2; or
- The disclosure is: made to medical personnel in a medical emergency; for research purposes; to a qualified service organization; for audit or program evaluation purposes.

Additionally, we do not need written authorization to:

- Communicate internally
- Report crimes committed on the premises, or against program personnel
- Report suspected child or elder maltreatment, abuse or neglect or exploitation
- Disclose information relating to cause of death or vital statistics
- Disclose information to the FDA so it can notify patients or physicians of product dangers

We will not disclose your presence in treatment to individuals who may contact the Company unless you have provided your written authorization permitting the release. To the extent applicable state law is more restrictive than Part 2 on how we use and disclose your health information, we comply with more restrictive law. Violation of the Federal law and regulations related to substance use disorder patient records is a crime and violations may be reported to the United States Attorney for jurisdiction where services are received as well as to the Substance

Abuse and Mental Health Services Administration office responsible for opioid treatment program oversight.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping 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

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or 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 let you know 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Contact Us

You can reach us by email at contactus@zoerva.com or by calling (804) 303-9622.