Cognitive Works

Notice of Privacy Practices for Protected Health Information

Effective date: 02/17/2026

This notice describes how your medical and mental health information may be used and disclosed and how you may access it. Please review it carefully.

Our legal obligations

Cognitive Works is required by federal law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and applicable state law, including the Minnesota Health Records Act and related confidentiality statutes, to maintain the privacy and security of your protected health information ("PHI"), to provide this notice, and to comply with its terms. We are also required to notify you of a breach of unsecured protected health information. PHI includes individually identifiable information relating to your past, present, or future physical or mental health condition, the healthcare services provided to you, or payment for those services. *Cognitive Works* reserves the right to revise this notice in accordance with law, and any revision will apply to all PHI maintained by the practice and will be made available upon request.

Permitted uses and disclosures without written authorization

Cognitive Works may use and disclose your PHI without written authorization for treatment, payment, and healthcare operations as permitted by HIPAA and applicable state law. For treatment, PHI may be used and disclosed to provide, coordinate, and manage your care, including communication with other providers, referrals, consultations, and care coordination. For payment, PHI may be used and disclosed to obtain reimbursement, including claims submission, eligibility and coverage verification, prior authorizations, utilization review, and collection of patient-responsible amounts. For healthcare operations, PHI may be used and disclosed for activities necessary to operate the practice, including quality improvement, peer review, credentialing, licensing, compliance, auditing, training, and administrative management. Your contact information may also be used for appointment scheduling, reminders, and other healthcare-related communications by telephone, voicemail, text message, email, or patient portal, unless you request alternative arrangements in writing.

Uses and disclosures requiring written authorization

Uses and disclosures of your PHI not described in this notice require your written authorization, which you may revoke in writing at any time except to the extent action has already been taken in reliance upon it. *Cognitive Works* will obtain written authorization before using or disclosing PHI for marketing or for any sale of protected health information as defined by HIPAA. If you pay for a service in full out of pocket, you may request that we not disclose information about that service to your health plan for payment or healthcare operations, and we will comply unless

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disclosure is otherwise required by law. Psychotherapy notes maintained separately from the medical record receive additional protection under HIPAA and generally may not be disclosed without written authorization except as permitted or required by law.

Disclosures required or permitted by law

Cognitive Works may disclose your PHI without written authorization when required or permitted by federal or state law, including reporting suspected child abuse, neglect, or maltreatment of a vulnerable adult; preventing or reducing a serious and imminent threat to health or safety; complying with public health reporting requirements; participating in health oversight activities such as audits, investigations, inspections, or licensure actions; responding to court orders, subpoenas, warrants, or other lawful legal processes; cooperating with law enforcement as permitted by law; and fulfilling workers' compensation or other governmental obligations, with disclosures limited to the minimum necessary information consistent with HIPAA and applicable state law.

Your rights regarding your health information

You have the right to inspect and obtain a copy of your PHI in your designated record set, subject to limited legal exceptions. You may request an amendment if you believe information is inaccurate or incomplete; requests must be submitted in writing and may be denied in certain circumstances permitted by law. You may request restrictions on certain uses or disclosures, although *Cognitive Works* is not required to agree except as required by law. You may request confidential communications by alternative means or at alternative locations, and reasonable written requests will be accommodated. You have the right to receive an accounting of certain disclosures made during the previous six years. You may file a complaint with *Cognitive Works*, the U.S. Department of Health and Human Services, or, for Minnesota patients, the Minnesota Department of Health. No retaliation will occur for filing a complaint. You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically. For questions regarding this notice or to file a complaint directly with *Cognitive Works*, you may contact our office at **952-300-6277** or contact@cognitiveworks.org.

Parents or legal guardians generally have access to a minor's health information, subject to applicable state laws governing minor consent and confidentiality. Access may be limited in circumstances where disclosure could pose a substantial risk of harm.

I acknowledge that I have reviewed the information contained in this Notice of Privacy Practices.

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Signature