

NOTICE OF PRIVACY PRACTICES

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: June 1, 2026

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use and disclose your protected health information (PHI) and your rights regarding that information.

WHO WILL FOLLOW THIS NOTICE

This notice applies to all members of our workforce, including providers, staff, and any healthcare professionals authorized to enter information into your medical record.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your health information for the following purposes:

Treatment

We may use your health information to provide, coordinate, or manage your healthcare and related services. This includes communication with other healthcare providers involved in your care.

Payment

We may use and disclose your health information to bill and collect payment for services provided to you. This may include sharing information with your insurance company.

Healthcare Operations

We may use and disclose your health information for operations such as quality improvement, staff training, accreditation, and administrative functions.

Appointment Reminders and Health Information

We may contact you for appointment reminders or provide information about treatment alternatives or other health-related benefits and services.

As Required by Law

We will disclose your health information when required to do so by federal, state, or local law.

Public Health Activities

We may disclose your health information for public health purposes, such as reporting disease, injury, or vital events.

Health Oversight Activities

We may disclose your information to health oversight agencies for audits, investigations, inspections, and licensure.

Law Enforcement

We may release health information if requested by law enforcement under certain circumstances.

Serious Threat to Health or Safety

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your health record, with certain exceptions.

Right to Amend

You may request that we amend your health information if you believe it is incorrect or incomplete.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information.

Right to Request Restrictions

You may request restrictions on how we use or disclose your health information. We are not required to agree to all requests.

Right to Request Confidential Communications

You may request that we communicate with you in a certain way or at a certain location.

Right to a Paper Copy

You have the right to receive a paper copy of this notice upon request.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with this notice of our legal duties and privacy practices
- Follow the terms of the notice currently in effect
- Notify you in the event of a breach of your unsecured health information

We reserve the right to change this notice and make the revised notice effective for all health information we maintain. Updated notices will be available in our office.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

For questions or complaints, please contact:

Privacy Officer

Nitin Sawheny, MD at Prime Medical & Wellness, 572-271-4559

ACKNOWLEDGMENT

You may be asked to sign an acknowledgment that you have received this Notice of Privacy Practices.