

# 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.

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## Health Insurance Probability and Accountability Act (HIPAA)

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HIPAA acknowledges and addresses the use and disclosure of individuals' health information called "protected health information" (HHS, 2026).

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## Your Rights

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This section explains your rights regarding your health, your medical records and our responsibilities to protect you.

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You can get a paper copy of your medical record.	<ul style="list-style-type: none"><li>➤ We can print you a paper copy of your medical records and/or visit summary upon request.</li><li>➤ We do not share medical records via email or text to maintain medical confidentiality.</li></ul>
You can ask us to correct your medical record.	<ul style="list-style-type: none"><li>➤ We will only make amendments to your records per your request authorized by your previous health care provider to protect medical integrity.</li></ul>
You can request confidential communications	<ul style="list-style-type: none"><li>➤ We will only communicate with you via platforms you are most comfortable with.</li><li>➤ We will not share your medical information with others without your consent.</li></ul>
You can ask us to limit what we use or share	<ul style="list-style-type: none"><li>➤ Outside of provider-patient interaction, your medical records or information will not be sure with anyone else.</li></ul>
You can get a list of those whom we've shared information with.	<ul style="list-style-type: none"><li>➤ We will be completely transparent with you regarding who we share your information with.</li><li>➤ No information regarding your medical records will be withheld from you.</li></ul>
You can get a copy of your privacy notice.	<ul style="list-style-type: none"><li>➤ Upon your first visit, you will be asked to review and to sign a form to ensure your agreement. You are able to request a copy of our privacy practices at any given time.</li></ul>

You can choose someone to act for you.	<ul style="list-style-type: none"> <li>➤ If you have a medical power of attorney or a legal guardian, they are able to make medical decisions on your behalf, however, this will be confirmed with you prior.</li> </ul>
You can file a complaint if you feel your rights are violated.	<ul style="list-style-type: none"> <li>➤ We take your criticism seriously, so please feel free to file a complaint if you feel your privacy has been compromised. We can be reached at <a href="mailto:care@mdprimarycareclinic.com">care@mdprimarycareclinic.com</a>.</li> <li>➤ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending an email at <a href="mailto:OCRMail@hhs.gov">OCRMail@hhs.gov</a> or calling them at 1-800-368-1019.</li> </ul>

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### Your Choices

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For certain medical decision making, you have the right to tell us what you want us to share. We want you to feel comfortable expressing your preferences in how we share your information.

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In these cases, you have the both the right and choice to tell us to:	<ul style="list-style-type: none"> <li>➤ Share information with those who are involved in your care such as immediate family, close relatives, and friends.</li> <li>➤ If in the event that you are unable to express your preference, we will act in your best interest.</li> <li>➤ We may also share your information in the case of an emergency that imposes an imminent danger to your health</li> </ul>
We will never share your information without your written permission especially for	<ul style="list-style-type: none"> <li>➤ Marketing purposes</li> <li>➤ Sale of your information</li> <li>➤ Sharing of psychotherapy notes</li> </ul>

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### Our Uses and Disclosures

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What are some of the reasons we use or disclose your health information?.

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Treat you	<ul style="list-style-type: none"> <li>➤ We can share your medical records with other health professionals involved in your care</li> </ul>
Run our organization	<ul style="list-style-type: none"> <li>➤ We can use your health information to improve your care and contact you as necessary</li> </ul>

Bill for your services	➤ We can use your medical records to bill and receive reimbursement for the care we provide
Address workers' compensation, law enforcement, and other government requests	➤ We can use or share your medical records for workers' compensation claim and/or for law enforcement or government purposes

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**Our Responsibilities**

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We are required by law to maintain confidentiality of your protected health information
We will let you know immediately if a breach of privacy occurs that may have compromised the privacy of your protected health information.
We must oblige with the privacy practices as written in this notice and provide you a copy of it.
We will not use or disclose your information other than described here unless it is expressed in writing by you.

Last updated: 01/07/2026

**Contact Information**

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