

Notice of Privacy Practices

Prime Vitality Care — San Antonio, TX | Effective Date: _____

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.

Our Commitment to Your Privacy

Prime Vitality Care is required by law to maintain the privacy and security of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, notify you following a breach of your unsecured PHI, and follow the terms of this notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI for the following purposes without your written authorization:

Treatment

We may use your PHI to provide, coordinate, or manage your healthcare and related services. For example, we may share your information with another physician, specialist, laboratory, pharmacy, or healthcare facility involved in your care.

Payment

We may use and disclose your PHI to obtain payment for services provided to you. This may include billing your insurance company, verifying coverage, obtaining pre-authorization, or collecting outstanding balances.

Healthcare Operations

We may use your PHI for our own operations, including quality assessment, staff training, compliance activities, audits, business planning, and customer service.

Other Permitted Uses Without Authorization

- **As required by law** — when federal, state, or local law mandates disclosure.
- **Public health activities** — reporting diseases, injuries, birth/death records, FDA-regulated product issues.
- **Health oversight** — audits, investigations, inspections, and licensing activities by government agencies.
- **Judicial and administrative proceedings** — in response to a court order or subpoena.
- **Law enforcement** — to comply with court orders, locate suspects, or report certain crimes.
- **To avert a serious threat** — when necessary to prevent or lessen a serious and imminent threat to health or safety.
- **Workers' compensation** — as authorized by and necessary to comply with workers' compensation laws.
- **Coroners, funeral directors, and organ donation** — as necessary for identification, cause of death, or organ/tissue donation.
- **Research** — under specific conditions approved by an institutional review board or privacy board.
- **Military and veterans** — as required by military command authorities.
- **Correctional institutions** — for the health and safety of inmates and others.

Uses Requiring Your Written Authorization

We will not use or disclose your PHI for purposes not described in this notice without your written authorization. You may revoke an authorization at any time in writing. Specific situations requiring authorization include:

- Marketing communications (we do not sell your information)
- Sale of your PHI (we never sell patient information)
- Most uses of psychotherapy notes (if applicable)

- Any other purpose not described in this notice

Your Rights Regarding Your Health Information

Under HIPAA, you have the following rights:

Right to inspect and copy: You may request to inspect or obtain a copy of your PHI maintained in our records. We may charge a reasonable fee for copies. We must respond within 30 days.

Right to request amendment: If you believe your PHI is incorrect or incomplete, you may request an amendment. We may deny the request under certain circumstances but must provide a written explanation.

Right to an accounting of disclosures: You may request a list of disclosures we have made of your PHI for purposes other than treatment, payment, operations, and certain other activities.

Right to request restrictions: You may request restrictions on how we use or disclose your PHI. We are not required to agree to all restrictions, but we must comply with any agreed-upon restriction.

Right to request confidential communications: You may request that we communicate with you in a specific way or at a specific location (e.g., only at a certain phone number or by mail).

Right to a paper copy of this notice: You may obtain a paper copy of this notice at any time, even if you previously agreed to receive it electronically.

Right to be notified of a breach: You have the right to be notified if a breach occurs that compromises the privacy or security of your PHI.

Changes to This Notice

We reserve the right to change the terms of this notice and to make new provisions effective for all PHI we maintain. If we make material changes, we will make the revised notice available in our office, on our website, and upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- **Prime Vitality Care Privacy Officer** — (210) 876-1635 — drshivgoel@primevitalitywellness.com
- **U.S. Department of Health and Human Services, Office for Civil Rights** — 200 Independence Avenue SW, Washington, DC 20201 — 1-877-696-6775 — www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be retaliated against for filing a complaint.

Contact Information

Privacy Officer: Shiv Goel, MD

Phone: (210) 876-1635

Email: drshivgoel@primevitalitywellness.com

Address: Prime Vitality Care, San Antonio, TX

Website: primevitalitycare.com

Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of Prime Vitality Care's Notice of Privacy Practices. I understand that I may request a new copy at any time.

Patient Name (Print)

Date

Patient Signature
