

# Notice of Privacy Practices & Patient Rights

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DIRECT CARE NP IN FAMILY HEALTH, PLLC

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**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## I. OUR PLEDGE REGARDING HEALTH INFORMATION

Health information about you and your health care is personal. We are committed to protecting your health information. We create a record of the medical, health, wellness, and educational services you receive from us, whether in-person, via telehealth, or through mobile/concierge services. This Notice applies to all patients and all clinical services provided by Direct Care NP in Family Health, PLLC, including medical weight loss, lab review, and general health consultations. We need this record to provide you with quality care and to comply with certain legal requirements. Protected health information transmitted via telehealth, email, secure messaging platforms, or the client portal is subject to HIPAA privacy protections.

This notice applies to all records generated by this practice. It should be read together with our **Practice Policies & Patient Agreement** and any **service-specific informed consent forms**, for a complete understanding of how your information is collected, used, and protected.

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We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to PHI.
- Follow the terms of the notice that are currently in effect.
- Notify you if the terms of this Notice change; the new Notice will be available upon request, in the office, and on our website.

## II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. Not every example is listed, but all uses fall within one of the categories.

### 1. Treatment, Payment, or Health Care Operations:

- Federal privacy rules allow health care providers with a direct relationship with the patient to use or disclose the patient’s PHI without written authorization for treatment, payment, or healthcare operations.
- For example, if I consult with another licensed healthcare provider about your condition or review medical records you choose to share, we may use your PHI for evaluation, treatment coordination, or care planning.

### 2. Lawsuits and Disputes:

- If you are involved in a lawsuit or legal proceeding, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena or discovery request if we have received a written authorization from you or a formal court order signed by a judge.
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## III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

**Clinical Notes:** Any use or disclosure of clinical notes requires your authorization unless the use or disclosure is:

- For our own treatment of you
- For training or supervising associates
- For defending ourselves in legal proceedings
- For compliance investigations by the Secretary of Health and Human Services

- Required by law, court order, or regulation in specific cases

**Marketing Purposes:** PHI will not be used for marketing. For photography, videos, or other media related to medical services, a separate Photo/Media Consent Form applies.

**Sale of PHI:** PHI will not be sold in the regular course of business.

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#### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, we may use or disclose PHI without your Authorization for:

- Compliance with state or federal law, or regulations
  - Public health activities (e.g., reporting abuse or preventing serious threats)
  - Health oversight activities
  - In the event of an emergency, your PHI may be shared with healthcare personnel or authorities as necessary to protect your health or safety
  - Judicial or administrative proceedings
  - Law enforcement purposes
  - Coroners or medical examiners
  - Research purposes (with authorization when required)
  - Specialized government functions
  - Workers' compensation compliance
  - Appointment reminders or medical service notifications
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#### V. DISCLOSURES YOU CAN OBJECT TO

- **Family, friends, or others:** We may share PHI with those involved in your care unless you object. In emergencies, retroactive consent may apply.

#### VI. YOUR RIGHTS REGARDING PHI

You have the right to:

- Request limits on uses and disclosures
  - Request restrictions for services paid out-of-pocket in full
  - Choose how PHI is sent to you
  - See and obtain copies of your PHI (electronic or paper)
  - Receive a list of disclosures
  - Correct or update your PHI
  - Receive a paper or electronic copy of this Notice
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#### Mobile SMS Privacy Policy

**Messaging Terms & Conditions:** You agree to receive informational messages (appointment reminders, account notifications, etc.) from Direct Care NP in Family Health, PLLC. Message frequency varies. Message and data rates may apply. For help, reply HELP or call us at (646) 776-3602. You can opt out at any time by replying STOP. **Mobile SMS**

**Messaging Privacy Policy:** Information collected: We may collect information, such as name, phone number, and email address.

**Use of information collected:** We may use the information we collect to perform the services requested including billing, customer service, appointment reminders and other administrative requests.

**Sharing of information collected:** We do not share your mobile information or SMS opt-in consent with third parties or affiliates for any purpose. We may share information with our HIPAA-compliant Business Associates (such as our communication and billing platforms) solely to perform the services you have requested. We do not share, sell, rent, or trade any information provided with third parties for promotional purposes.

As a current or prospective customer, you understand that you can text us STOP at any time to opt out of receiving SMS text messages from us. You can text us HELP at any time to receive help. You understand that the messaging frequency may vary. Messaging & data rates may apply. **Your mobile information will not be shared with any third parties/affiliates for marketing/promotional purposes.** All policies are followed as per CTIA guidelines 5.2.1. At any time if you want your information to be removed, you can contact us by calling our practice phone number or regular mail.

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#### **EFFECTIVE DATE OF THIS NOTICE**

This notice is effective January 1, 2026

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#### **ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding your PHI. By signing and/or checking the box below, you acknowledge that you have received and reviewed a copy of HIPAA Notice of Privacy Practices.

For questions or concerns, contact Direct Care NP in Family Health, PLLC via phone or email.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. I ALSO ACKNOWLEDGE THAT MY ELECTRONIC SIGNATURE IS LEGALLY BINDING.**