

Notice of Privacy Practices & Patient Rights

DIRECT CARE NP IN FAMILY HEALTH, PLLC

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NOTICE OF PRIVACY PRACTICES

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

SECTION I: OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Health information about you and your healthcare 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 via telehealth or through mobile/concierge services. This Notice applies to all patients and all clinical services provided by the practice, 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 and Patient Agreement and any service-specific informed consent forms, for a complete understanding of how your information is collected, used, and protected.

Our Legal Duties

- Make sure that protected health information (known as PHI) that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to your protected health information.
- 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 virtual office interface, and posted prominently on our public website.
- **Breach Notification Rights:** You have the absolute right to be promptly notified by the practice following any unauthorized breach of your unsecured protected health information.

SECTION 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 Healthcare Operations

Federal privacy rules allow healthcare 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 your provider consults with another licensed healthcare provider about your condition or reviews historical medical records you choose to share, we may use your PHI for evaluation, treatment coordination, or care planning.

2. Lawsuits and Legal Disputes

If you are involved in a lawsuit or civil legal proceeding, the practice may disclose PHI in response to a valid court or administrative order. In accordance with strict New York state compliance standards, the practice will not disclose your PHI in response to a standard attorney subpoena or discovery request unless it is accompanied by an explicit, signed written authorization from you or a formal court order signed directly by a judge.

3. Federal Substance Use Disorder Record Protections

In accordance with federal regulations under 42 CFR Part 2 and updated HIPAA privacy rules, if the practice creates, receives, or maintains records identifying an individual as having received a substance use disorder diagnosis, treatment, or treatment referral, such records are subject to heightened confidentiality protections. The practice will not disclose or re-disclose substance use disorder records for treatment, payment, or healthcare operations unless you provide explicit written consent, or as otherwise expressly permitted or mandated by a specialized federal court order.

SECTION III: CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Clinical Notes

Any use or disclosure of clinical treatment notes requires your explicit written authorization unless the use or disclosure is:

- For our own direct medical treatment of you.
- For internal training or supervising associates within the practice entity.
- For defending the practice or its providers in legal proceedings.
- For compliance investigations conducted by the Secretary of the Department of Health and Human Services.
- Required by law, court order, or explicit federal regulation in specific cases.

Marketing and Media Purposes

Your protected health information will never be used or disclosed for marketing purposes. For any photography, educational videos, patient testimonials, or other digital media related to medical services, a completely separate, voluntary Photo/Media Consent Form must be completed.

Sale of Health Information

The practice will not sell, rent, trade, or commercially distribute your protected health information in the regular course of business under any circumstances.

SECTION IV: USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

Subject to strict legal limitations and state boundaries, the practice may use or disclose your PHI without your explicit Authorization for the following public interest purposes:

- Compliance with active state or federal laws, statutes, or regulations.
- Public health activities, which include mandatory reporting of child/adult abuse or preventing serious, imminent threats to public health.
- Health oversight activities and regulatory licensing board reviews.
- **Medical Emergencies:** In the event of an urgent medical emergency, your PHI may be shared with emergency medical personnel or local hospital authorities as necessary to safeguard your immediate health or safety.
- Judicial or administrative proceedings under direct judicial order.
- Authorized law enforcement purposes as required by law.
- Coroners, medical examiners, or funeral directors.
- Regulated research purposes, provided strict privacy authorizations or waivers are met.
- Specialized government and military functions.
- Workers' compensation compliance.
- Automated appointment reminders, billing notifications, or medical service updates.

SECTION V: DISCLOSURES YOU MAINTAIN THE RIGHT TO OBJECT TO

Family, Friends, or Others

We may share limited health information with family members, close friends, or others directly involved in your care or the payment of your care unless you explicitly object. In the event of an emergency or if you are unable to object due to medical incapacity, retroactive clinical consent and provider discretion may apply to share necessary data with those assisting you.

SECTION VI: YOUR EXPLICIT RIGHTS REGARDING YOUR PHI

You maintain the following legal rights regarding the protected health information we maintain about you:

- **Request Limits:** The right to request limits or restrictions on specific uses and disclosures of your health information.
- **Out-of-Pocket Restrictions:** The right to request strict restrictions on disclosures to health insurance plans for services where you have paid out-of-pocket in full. Because this is a cash-pay-only practice, this restriction is maintained automatically.
- **Alternative Communications:** The right to choose how and where your PHI is sent to you (such as requesting communication via a specific phone number or secure email).
- **Access and Copies:** The right to see and obtain digital or paper copies of your complete medical and billing records.

- **Disclosure Accounting:** The right to receive a compiled list of specific disclosures the practice has made of your health information for purposes other than treatment, payment, or operations.
 - **Amend Records:** The right to request a formal correction or amendment to your health records if you believe the information is inaccurate, irrelevant, or incomplete.
 - **Copy of Notice:** The right to receive a paper or electronic copy of this Privacy Notice at any time.
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SECTION VII: MOBILE SMS PRIVACY POLICY

Messaging Terms and Conditions

By providing your mobile telephone number, you agree to receive informational text messages (such as automated appointment reminders, account setup alerts, and administrative notifications) from the practice. Message frequency varies based on your scheduling needs. Message and data rates may apply according to your mobile carrier. For assistance, you can reply HELP or call our office line. You preserve the right to opt out of mobile messaging at any time by replying STOP to any text message received.

Mobile SMS Messaging Privacy Policy

- **Information Collected:** The practice may collect personal contact details, such as your name, mobile phone number, and email address, to facilitate care logistics.
 - **Use of Information:** Collected mobile data is utilized strictly to perform the administrative services requested, including billing notices, customer service communications, and secure appointment reminders.
 - **Sharing Restrictions:** The practice does not share, sell, rent, or trade your mobile phone information, phone numbers, or SMS opt-in consent with any third parties, commercial affiliates, or external marketers for any purpose. We may share encrypted data with our HIPAA-compliant Business Associates (such as our secure billing and communication vendor platforms) solely to perform the automated services you have directly requested. All mobile messaging policies are executed in strict accordance with CTIA Guidelines Section 5.2.1. At any time, if you desire your contact information to be removed from our active messaging registry, you can contact the practice via phone or regular mail.
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SECTION VIII: EFFECTIVE DATE AND REVISION DATA

Effective Date of This Notice: June 2, 2026

SECTION IX: ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act (HIPAA), you possess distinct rights regarding your protected health information. By providing your electronic signature or checking the acknowledgment box within the secure portal, you certify that you have received, reviewed, and have been granted full access to this HIPAA Notice of Privacy Practices.

For any privacy-related questions, data updates, or to file a formal privacy inquiry, please contact our designated Privacy Officer:

Designated Privacy Officer: Miriam Balken FNP / Privacy Officer

Practice Entity: Direct Care NP in Family Health, PLLC

Contact Phone: (646) 776-3602

Contact Email: info@directcarenp.com

If you believe your privacy rights have been violated, you maintain the right to file a formal complaint directly with the practice Privacy Officer listed above, or with the Secretary of the U.S. Department of Health and Human Services (HHS) Office for Civil Rights. You will experience no retaliation or reduction in care for filing a complaint.
