

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.

**HormoneMD** is committed to maintaining the privacy of your private health information (PHI). We keep records of the care and treatment you receive at our facilities, and those records contain your PHI. We are required by law to (i) maintain the privacy of your health information; (ii) provide you with this notice of our legal duties and privacy practices with respect to your health information; (iii) follow the terms of the notice of privacy practices currently in effect; and (iv) notify you if there is a breach of your health information. We must also provide you with the following important information: (a) how we may use and disclose your health information; (b) your privacy rights; and (c) our obligations concerning the use and disclosure of your health information.

This Notice explains generally how our clinic might share or disclose your health information. The privacy practices described in this Notice apply to all departments of our clinic, and will be followed by all employees, medical staff members, allied health professionals who have a need to use your health information to perform their job.

#### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

We typically share or use your health information for the following reasons:

**Treatment.** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, allied health professionals, nurses, technicians, or other facility personnel who are involved in taking care of you. Different departments of our clinic also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, and physicals. We may also disclose your health information to providers not affiliated with our clinic to facilitate care or treatment they may provide you. For example, we may disclose your health information to your personal physician(s) or other providers to whom you have been referred for care or who may participate in your care to ensure that your medical providers have the necessary information to provide proper treatment to you.

**Payment.** HormoneMD may use and disclose your health information in order to bill for services provided and collect payment. For example, we may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, including family members. We may also disclose your information to a collection agency to obtain overdue payment or to a regulatory agency to determine whether the services we provided were appropriately billed.

**Business Associates.** The clinic contracts with outside entities that perform business services for us, such as pharmacies, management consultants, quality assurance reviewers, accountants, or attorneys. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

**Appointment Reminders, Check-In and Results.** HormoneMD may use and disclose your PHI to contact you to remind you of an appointment, billing or shipping. We will communicate with you using the information (such as telephone number (voice and/or text) and email address) that you provide. We may use a sign-in sheet at the registration desk and call you by name in the waiting room when your provider is ready to see you. We may also use your PHI to contact you about lab results. We may leave a voice or text message or send an email reminding you of an appointment or the results of certain tests but will leave the minimum amount of information necessary to communicate this information.

**Treatment Options and Health-Related Benefits and Services.** Our clinic may use and disclose your PHI to inform you of treatment options or alternatives as well as certain health-related benefits or services that may be of interest to you, using contact information you have provided.

**Disclosures to Family or Friends.** Our clinic may disclose your PHI to individuals involved in your care or treatment or responsible for payment of your care or treatment. If you are incapacitated, we may disclose your PHI to the person named in your Durable Power of Attorney for Health Care or your personal representative (the individual authorized by law to make health-related decisions for you), or to other family members or friends as we feel is in your best interest.

**Law Enforcement.** We may release health information at the request of law enforcement officials in limited circumstances, for example:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent;
- About a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Legal Matters.** We will disclose health information about you outside our clinic when required to do so by federal, state, or local law, or by the court process, such as in response to a subpoena or court order.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

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.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our facilities in certain limited circumstances concerning workplace illness or injury.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Coroners, Medical Examiners.** We may release Health Information to a coroner or medical examiner. In some circumstances this may be necessary, for example, to determine the cause of death.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health or safety, or the health or safety of the public or another person. Any disclosure, however, will be to someone who we believe may be able to help prevent the threat.

**National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Other Uses Requiring Authorization.** Except for the permitted uses/disclosures noted above, most uses and disclosures of PHI for marketing purposes, uses and disclosures relating to highly confidential matters (such as abuse or neglect of a child, elderly person, or disabled adult, genetic testing, HIV/AIDS testing, diagnosis, or treatment, mental health, developmental disabilities, sexually transmitted diseases, or sexual assault), and disclosures that constitute the sale of PHI, require your written authorization.

Our clinic will obtain your written authorization for uses and disclosures that are not identified by this notice or otherwise required or permitted by applicable law. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. However, your revocation will not affect actions we have already taken; in other words, we are unable to take back any disclosures of PHI we have already made.

#### **YOUR PRIVACY RIGHTS REGARDING YOUR PHI**

Although your health record is the physical property of the healthcare practitioner or clinic that compiled it, the information belongs to you. You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the person we are to send your PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed per our review policy.

**Right to Amend.** If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you where an authorization was not required or obtained. The accounting will exclude disclosures for treatment, payment or health care operations, as well as other disclosures exempted by law. Your request must be in writing and state the time period for which you want the accounting (not to exceed six (6) years prior to the date you make the request). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. We will notify you of the costs involved with any additional request and you may withdraw your request before you incur any costs.

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.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are required to agree to your request only if (1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and (2) your information pertains solely to health care services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. To the extent we are reasonably able to comply, we will accommodate all reasonable requests.

**Right to a Notice of Breach.** You have the right to receive prompt notice in writing of a breach of your PHI that may have compromised the privacy or security of your information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website or by contacting +1 (929) 282-4422

**Right to File a Complaint.** If you believe your rights have been violated, you may file a complaint with us. To file a complaint, contact our clinic at +1 (929) 282-4422. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**CHANGES TO THIS NOTICE.** We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted on our website and include the effective date.

**CONTACT INFORMATION.** If you have questions about this notice or your rights, or to file a complaint, you may contact:

HormoneMD  
support@hormonemd.com  
+1 (929) 282-4422