



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Face Value Health DPC PLLC is dedicated in maintaining the privacy of your individually identifiable health information (also called *Protected Health Information*). Protected Health Information (PHI) is maintained as a written and/or electronic record of you and your visits with our clinic.

Our clinic is required to follow specific rules on maintaining the confidentiality of your PHI and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

RIGHTS UNDER THE PRIVACY RULE

We are required to provide you with a copy of this Notice of Privacy Practices, and you have the right to receive a copy. The Notice will also be posted in conspicuous locations within the clinic and on our website. We reserve the right to change the terms of this notice, making any revisions applicable to all protected health information we maintain. If we revise the terms of this notice, we will post a revised notice and will make paper copies of this notice available upon request.

You have the right to inspect and copy your PHI. Within 30 days of the request, we will provide a copy or a summary of your PHI, and we may charge a reasonable cost based fee. You have the right to request a Disclosure Accountability. This means that you may request a listing of disclosures that we have made to your PHI to entities or persons outside of our clinic. You have the right to receive a Privacy Breach Notice. You have the right to receive written notification if the clinic discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

If you are concerned that we have violated your privacy rights or you disagree with a decision we made with access or amendment to the records, you may contact the individual listed below. You may also send a written complaint to the U.S. Department of Health and Human Services or call the Office for Civil Rights at 1-877-696-6775. We will not retaliate against you for filing a complaint. If you have any questions regarding your privacy rights, please feel free to contact Michael L. Sanders, MD, Information Privacy and Security Officer at (601)790-7105.