

Notice of Privacy Practices

**Effective Date: 01/01/2026

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.

Your Rights

- **Access Your Information**: You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you.
- **Request Corrections**: You can ask us to correct health information about you that you think is incorrect or incomplete.
- **Request Confidential Communications**: You can request that we contact you in a specific way (e.g., home or office phone) or send mail to a different address.
- **Ask us to Limit What We Use or Share**: You can ask us not to use or share certain health information for treatment, payment, or our operations, though we are not required to agree to your request.
- **Get a List of Those with Whom We've Shared Information**: You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask.
- **Get a Copy of this Privacy Notice**: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Choose Someone to Act for You**: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a Complaint if You Feel Your Rights Are Violated**: You can file a complaint if you feel we have violated your rights by contacting us using the information provided at the end of this notice.

Your Choices

You have choices in the way that we use and share your information.

- **For Treatment and Health Care Operations**: With your written permission, we will share your information with other professionals who are treating you.
- **In Response to Legal Matters**: With your permission, we may share information with a coroner, medical examiner, or funeral director when an individual dies.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **Treatment**: We use your health information and share it with professionals who are treating you.
- **Run Our Organization**: We use and disclose your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for Your Services**: We can use and share your health information to bill and get payment from health plans or other entities.
- **Help with Public Health and Safety Issues**: We can share health information about you for certain situations such as preventing disease, helping with product recalls, or reporting suspected abuse or neglect.
- **Comply with the Law**: We will share information about you if state or federal laws require it.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit www.hhs.gov.

If you have any questions about this notice, please contact us at:

****Contact Information:****

- Phone: 210-201-5815

- Email: Myersclearevidencee@gmail.com

While we hope this summary helps explain your rights and protections, do not hesitate to reach out to us with any questions or concerns about our privacy practices.