Purposeful Healing Direct Primary Care, PLLC

Notice of Privacy Practices (NPP)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET

Our Responsibilities

Purposeful Healing Direct Primary Care ("the Practice") is required by law to:
- Maintain the privacy and security of your protected health information ("PHI").
- Give you this Notice explaining our legal duties and privacy practices.
- Notify you in the event of a breach of your unsecured PHI.
- Follow the terms of this Notice.

How We May Use and Disclose Your Health Information
We may use and share your PHI for the following purposes without your written authorization:

Treatment
We may use and share your PHI to provide, coordinate, or manage your healthcare and related services.
Example: Sharing information with another provider involved in your care.

Healthcare Operations
We may use and share your PHI for practice management and administrative purposes.
Example: Quality improvement activities, staff training.

Other Permitted Uses and Disclosures
We may also use and disclose your PHI as permitted or required by law for:
- Public health activities (reporting communicable diseases, adverse events).
- Reporting abuse, neglect, or domestic violence.
- Health oversight activities.
- Judicial and administrative proceedings.
- Law enforcement purposes.
- Organ and tissue donation.
- Research (under specific conditions).
- To avert a serious threat to health or safety.
- Workers' compensation claims.
- Military, national security, and other specialized government functions.

Uses and Disclosures Requiring Your Authorization
Other uses and disclosures of your PHI not covered by this Notice or by law will be made only with your written authorization.
You may revoke your authorization at any time in writing, except where we have already acted in reliance on it.
Examples requiring authorization include:
- Most uses and disclosures of psychotherapy notes.
- Marketing communications.
- Sale of PHI.

Your Rights Regarding Your Health Information
You have the right to:
- Get an electronic or paper copy of your medical record. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record if information is incorrect or incomplete.
- Request confidential communications in a specific way (phone, email, mailing address).
- Ask us to limit the information we share; we may not agree to all requests.
- Get a list of those with whom we've shared your information.
- Get a copy of this Notice.
- Choose someone to act for you (medical power of attorney or legal guardian).
- File a complaint if you feel your privacy rights have been violated.

You can complain directly to us or to the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/ocr/privacy.
We will not retaliate against you for filing a complaint.

Changes to This Notice
We reserve the right to change the terms of this Notice at any time. The new Notice will apply to all PHI we maintain and will be available.

Contact Information
Privacy Officer: Yaser Elqutub, DO
Purposeful Healing Direct Primary Care, PLLC
4300 North Central Expressway, Suite #365, Dallas, Texas 75206
Phone: 469-949-2730 | Email: yaser@purposefulhealingdpc.com

Acknowledgment of Receipt of Notice of Privacy Practices