Notice of Privacy Practices

Gabriel A., Nurse Practitioner In Family Health, Queens, New York, PLLC, doing business as MultiVita Health

Effective Date: TO CONFIRM: Month Day, Year

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.

Our Responsibilities

- We are required by law to keep your protected health information private and secure.
- We will tell you promptly if a breach happens that may have compromised the privacy or security of your information.
- We must follow the practices in this notice and give you a copy of it.
- We will not use or share your information in ways not described here unless you give us written permission. You can withdraw that permission in writing at any time.

Your Rights

- Get a copy of your medical record. You can ask to see your medical and billing records, or get a paper or electronic copy. We will give you a chance to inspect them within 10 days of a written request, as New York law requires, and provide copies within legal time limits. We may charge a reasonable, cost-based fee.
- Ask us to correct your record. If we say no, we will explain why in writing within 60 days, and you may submit a statement disagreeing.
- Ask for confidential communication. You can ask us to contact you in a specific way or at a different address. We'll agree to all reasonable requests.
- Ask us to limit what we use or share. We don't have to agree, and we may say no if it could affect your care. However, if you pay for a service in full out of pocket and ask us not to share information about it with your health insurer, we will agree unless the law requires us to share it.
- Get a list of who we've shared your information with. This covers the six years before your request. The list leaves out sharing for treatment, payment and our operations, and sharing you asked us to do. One list every 12 months is free.
- Get a paper copy of this notice at any time.
- Choose someone to act for you. This can be a legal guardian or someone who holds your healthcare proxy or medical power of attorney. We will confirm their authority before acting.

- File a complaint (see below).

Your Choices

You can tell us whether to share information with family or friends involved in your care or in paying for it. If you can't tell us, for example in an emergency, we may share information if we believe it's in your best interest, or to reduce a serious and imminent threat to health or safety.

We never share your information for these purposes without your written permission:

- Marketing, including using your name, photo, video or testimonial in advertising or on social media
- Selling your information
- Most sharing of psychotherapy notes

How We Use and Share Your Information

- To treat you. Example: sharing information with a lab, a pharmacy or another clinician involved in your care.
- To run our practice. Example: quality review, managing your care and appointment reminders.
- To bill for your services. Example: preparing your bill or a receipt, or sending information to a payer where that applies.
- With business associates. These are vendors such as electronic records, scheduling or billing companies, which must sign agreements to protect your information.

We may also share information when the law allows or requires it, only under legal conditions. That includes public health activities (disease prevention, product recalls, reactions to medications); reporting suspected abuse, neglect or domestic violence; preventing serious threats to health or safety; research with legal safeguards; complying with the law, including reviews by the U.S. Department of Health and Human Services; organ and tissue donation; medical examiners and funeral directors; workers' compensation; law enforcement; health oversight; special government functions; and court orders, administrative orders or subpoenas.

Special Protections

- New York law gives extra protection to HIV-related, mental health and genetic testing information. When New York law is stricter than federal law, we follow New York law.
- Substance use disorder records (42 CFR Part 2). If we have these records, we will not use or share them in any civil, criminal, administrative or legislative investigation or proceeding against you

without your written consent, or a court order together with a subpoena. If we ever use Part 2 information for fundraising, we will tell you clearly in advance and give you the choice to opt out.

- Information we share may be shared again by the recipient, and it may no longer be protected by federal privacy law.

Changes to This Notice

We may change this notice, and the changes will apply to all information we have about you. The current notice is available in our office, on our website and on request.

Questions and Complaints

Privacy Officer: Gabriel Akinyemi, FNP-C

MultiVita Health, 136-21 Hillside Ave, Suite M11, Richmond Hill, NY 11418

Phone: (929) 415-9781 · Email: info@multivitaiv.com

You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201 · 1-877-696-6775 · www.hhs.gov/hipaa/filing-a-complaint

We will not retaliate against you for filing a complaint.