ACKNOWLEDGMENT OF RECEIPT

Notice of Privacy Practices

Namaky Advanced Endometriosis Surgery

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I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for Namaky Advanced Endometriosis Surgery.

This Notice explains how my health information may be used and disclosed, as well as my rights regarding that information.

I understand that:

- The Practice reserves the right to change its privacy practices
- Any updated Notice will be made available upon request and on the Practice's website
- I may request a paper copy of the Notice at any time

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NOTICE OF PRIVACY PRACTICES

Namaky Advanced Endometriosis Surgery

This Notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully.

At Namaky Advanced Endometriosis Surgery ("the Practice"), we are committed to protecting your privacy with the same care and precision we bring to your treatment.

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OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information ("PHI")
- Provide you with this Notice explaining our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you promptly if a breach occurs that may compromise your information

We will not use or share your information other than as described here unless you give us written permission. You may revoke that permission at any time, though we cannot undo disclosures already made.

If state law provides greater privacy protections than federal law, we will follow the stricter standard.

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YOUR RIGHTS

You have important rights regarding your health information.

You have the right to:

Access your records

You may request to review or obtain a copy of your medical record in paper or electronic form. We may charge a reasonable, cost-based fee.

Request corrections

If you believe your record is incorrect or incomplete, you may request an amendment. If we deny your request, we will provide a written explanation within 60 days.

Receive an accounting of disclosures
You may request a list of certain disclosures we have made of your information over the past six years. This will not include disclosures for treatment, payment, healthcare operations, or those you authorized. A reasonable fee may apply.

Request confidential communications
You may ask us to contact you in a specific way (for example, only by phone, email, or mail). We will accommodate reasonable requests when feasible.

Request restrictions
You may ask us to limit how we use or share your information for treatment, payment, or operations. We are not required to agree, but we will consider all requests carefully.

Obtain a copy of this Notice
You may request a paper copy at any time, even if you agreed to receive it electronically.

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You also have the right to:

File a complaint
If you believe your privacy rights have been violated, you may contact us directly or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-800-368-1019
www.hhs.gov/hipaa/filing-a-complaint

We will not retaliate against you for filing a complaint.

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HOW WE USE AND DISCLOSE YOUR INFORMATION

We use and share your health information in the following ways:

For Treatment

We use your information to provide, coordinate, and manage your care. This may include sharing information with other healthcare providers involved in your treatment.

For Payment

As a cash-pay practice, we do not bill insurance companies directly. We may:

- Provide you with documentation (such as a superbill) for potential reimbursement
- Use billing services to process your payments

For Healthcare Operations

We use your information to operate and improve the Practice, including:

- Quality assessment and improvement
- Staff training and performance evaluation
- Administrative and business management activities

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OTHER PERMITTED USES AND DISCLOSURES

We may also use or share your information in the following situations:

Individuals involved in your care

We may share information with family members or others involved in your care or payment, when appropriate or in your best interest.

Communication with you

We may contact you by phone, text, email, or other electronic means regarding:

- Appointments
- Treatment recommendations
- Care coordination

Electronic communication carries inherent privacy risks. While we take reasonable precautions, absolute security cannot be guaranteed.

Electronic communication is not appropriate for urgent or emergency medical needs. If you are experiencing an emergency, call 911.

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Business Associates

We work with third-party service providers (“Business Associates”) who help us operate the Practice. These may include:

- Electronic health record systems
- Telehealth platforms
- Billing and payment processors
- Technology vendors
- Consultants or legal advisors

All Business Associates are required to safeguard your information.

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Public health and safety

We may disclose your information when required to:

- Prevent or control disease
- Report abuse or neglect
- Report adverse reactions to medications
- Protect your safety or the safety of others

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Legal and governmental requirements

We may disclose your information:

- In response to court orders, subpoenas, or legal processes
- To law enforcement officials as required by law
- For health oversight activities
- For national security or other government functions

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Coroners, medical examiners, and funeral directors

We may share information as necessary to identify a deceased individual or determine cause of death.

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Research

We may use or disclose your information for research purposes under strict review and approval processes designed to protect your privacy.

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Compliance with law

We will disclose your information when required by federal, state, or local law.

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TELEHEALTH AND ELECTRONIC SYSTEMS

We may provide care using telehealth technologies and secure electronic systems.

While we use reasonable safeguards, these technologies involve risks, including potential unauthorized access. By engaging in telehealth or electronic communication, you acknowledge these inherent risks.

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CHANGES TO THIS NOTICE

We may update this Notice from time to time. Any changes will apply to all information we maintain.

The most current version will be:

- Available upon request
- Posted on our website
- Provided to you at your next visit

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CONTACT INFORMATION

If you have questions about this Notice or your privacy rights, please contact:

Namaky Advanced Endometriosis Surgery

(513) 580-4496