

NOTICE OF PRIVACY PRACTICES

Lifetime Women's Health and Wellness Center, PC

Effective Date: February 16, 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. OUR RESPONSIBILITIES. YOUR INFORMATION.

Our Responsibilities

Lifetime Women's Health and Wellness Center, PC is required by law to:

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

We reserve the right to change the terms of this Notice and to make the new terms effective for all information we maintain. Updated notices will be available in our office and on our website.

How We May Use and Disclose Your Health Information

We may use and disclose your health information without your written authorization for the following purposes:

1. Treatment

We may use your health information to provide, coordinate, or manage your medical care. This includes communication between physicians, nurses, midwives, nurse practitioners, hospitals, laboratories, pharmacies, imaging centers, and other healthcare providers involved in your care.

2. Payment

We may use and disclose your health information to bill and receive payment from health plans, insurance companies, or other third parties. This includes eligibility verification, claims submission, and collection activities.

3. Health Care Operations

We may use your health information for practice operations, including quality assessment, credentialing, training, business planning, auditing, and compliance activities.

4. Appointment Reminders and Health-Related Communications

We may contact you by phone, voicemail, text message, email, or patient portal regarding appointments, test results, follow-up care, or treatment alternatives.

5. Individuals Involved in Your Care

We may share relevant information with a family member, friend, or other person you identify as involved in your care or payment for your care, unless you object.

6. Required by Law

We may disclose your health information when required to do so by federal, state, or local law.

7. Public Health Activities

We may disclose information for public health purposes, including disease reporting, FDA reporting, or preventing or controlling disease.

8. Abuse, Neglect, or Domestic Violence

We may disclose information to appropriate authorities if we believe you are a victim of abuse, neglect, or domestic violence, as required by law.

9. Health Oversight Activities

We may disclose information to health oversight agencies for audits, investigations, inspections, and licensure activities.

10. Judicial and Administrative Proceedings

We may disclose information in response to a court order, subpoena, or other lawful process.

11. Law Enforcement

We may disclose limited information to law enforcement officials as permitted or required by law.

12. Serious Threat to Health or Safety

We may disclose information to prevent a serious threat to your health and safety or the safety of others.

13. Workers' Compensation

We may disclose information as authorized by workers' compensation laws.

Uses and Disclosures That Require Your Authorization

We will obtain your written authorization for:

- Marketing communications not related to your treatment.
- The sale of protected health information.
- Most uses and disclosures of psychotherapy notes, if applicable.

You may revoke your authorization at any time in writing, except to the extent that we have already relied on it.

Your Rights Regarding Your Health Information

You have the right to:

- 1. Get an electronic or paper copy of your medical record**

You may request access to your medical record and billing information. We may charge a reasonable, cost-based fee.

2. Ask us to correct your medical record

If you believe information is incorrect or incomplete, you may request an amendment in writing.

3. Request confidential communications

You may ask us to contact you in a specific way (for example, only by mail or only at work).

4. Ask us to limit what we use or share

You may request restrictions on certain uses or disclosures. We are not required to agree except in limited circumstances (for example, if you pay out-of-pocket in full for a service).

5. Get a list of disclosures

You may request an accounting of disclosures made outside of treatment, payment, and healthcare operations.

6. Get a copy of this privacy notice

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

Electronic Communications and Patient Portal

We offer communication through email and a secure patient portal. While we use safeguards to protect your information, electronic communications may carry some risk of unauthorized access.

By communicating with us electronically, you acknowledge these risks. You may request alternative communication methods at any time.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer
Edward Wing
Lifetime Women's Health and Wellness Center, PC
1037 Champion's Way, Suite 300
Suffolk, Virginia 23435
Phone: 757-335-7165

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

We will not retaliate against you for filing a complaint.

Changes to This Notice

We reserve the right to change this Notice at any time. The revised Notice will apply to all protected health information we maintain and will be posted in our office and on our website.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices of Lifetime Women's Health and Wellness Center, PC.

Patient Name: _____

Signature: _____

Date: _____

If signed by personal representative, describe authority: _____