



THE WELL MEDICAL, PLLC

HIPAA Notice of Privacy Practices

Doing business as The Well

Effective Date: 10/01/2026

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.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by The Well Medical, PLLC, doing business as The Well ("The Well," "we," "our," or "us"). It applies to all protected health information (PHI) we create or receive about you.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information
- Give you this notice of our legal duties and privacy practices
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information
- Follow the terms of the notice currently in effect

We maintain physical, electronic, and procedural safeguards to protect your information.

We May Use and Disclose Protected Health Information (PHI) For:

- **Treatment.** We use and share your information to provide and coordinate your care. For example, we may send lab orders to a laboratory, send prescriptions to a pharmacy, or share information with a specialist involved in your care.
- **Payment.** We use and share your information to bill and collect payment for services. For example, we may share information with our payment processor to charge a membership fee or visit fee.
- **Healthcare operations.** We use and share your information to run our practice and improve your care. For example, we may review records for quality improvement, training, or scheduling, and we may contact you with appointment reminders.

We may also share your information with business associates (such as our electronic health record and billing vendors) who perform services for us and who are required by contract to protect your information.

We May Also Disclose PHI:

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good. We must meet conditions in the law before we can share your information for these purposes:

- As required by law, including to the U.S. Department of Health and Human Services to show we are complying with federal privacy law
- For public health reporting, such as preventing disease, reporting adverse reactions to medications, and reporting suspected abuse, neglect, or domestic violence
- For health oversight activities, such as audits, inspections, and licensure
- For law enforcement when legally required, and in response to a court or administrative order or a subpoena
- To prevent or reduce a serious threat to anyone's health or safety
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- For workers' compensation claims
- For special government functions, such as military, national security, and presidential protective services
- For research, when permitted by law and approved through a privacy review process

Family and others involved in your care. We may share relevant information with a family member, friend, or other person you identify who is involved in your care or payment for your care. You may ask us not to. If you are unable to tell us your preference, we may share information if we believe it is in your best interest.

Uses and Disclosures That Require Your Written Authorization

We will not use or share your information in the following situations unless you give us written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of your protected health information

Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization at any time, in writing, except to the extent we have already acted on it.

Substance Use Disorder Treatment Records

If we receive records about you from a substance use disorder treatment program covered by federal law (42 CFR Part 2), those records have additional protections. We will not use or disclose those records, or testimony describing their content, in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court orders it after you have been given notice and an opportunity to be heard. If you sign a single consent allowing these records to be used for treatment, payment, and healthcare operations, we may use and share them for those purposes as HIPAA allows until you revoke the consent in writing.

Texas Law

Where Texas law gives your health information more protection than federal law, we follow Texas law. Your records are stored and may be disclosed electronically, as described in this notice. We will not sell your protected health information, and we will not disclose it electronically for purposes other than treatment, payment, healthcare operations, or as otherwise authorized or required by law without your authorization.

Your Rights Include:

- **Right to inspect and obtain copies of your records.** You may ask to see or get a paper or electronic copy of your medical record. We will provide it within the time required by law (generally 15 business days for electronic records under Texas law) and may charge a reasonable, cost-based fee.
- **Right to request amendment.** You may ask us to correct information you believe is incorrect or incomplete. We may say no, but we will tell you why in writing within 60 days.
- **Right to request restrictions.** You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, except that if you pay for a service in full out of pocket, you may ask us not to share information about that service with your health insurer, and we will agree unless a law requires us to share it.
- **Right to confidential communications.** You may ask us to contact you in a specific way (for example, home or mobile phone) or to send mail to a different address. We will agree to all reasonable requests.
- **Right to an accounting of disclosures.** You may ask for a list of the times we have shared your information, who we shared it with, and why, for the six years before your request. This does not include disclosures for treatment, payment, healthcare operations, or those you asked us to make.
- **Right to a copy of this notice.** You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **Right to choose someone to act for you.** If someone is your legal guardian or holds your medical power of attorney, that person can exercise your rights and make choices about your health information.
- **Right to be notified of a breach.** We will notify you if a breach of your unsecured protected health information occurs.
- **Right to file a complaint.** See "Complaints" below.

To exercise any of these rights, contact our Privacy Officer using the information below. Some requests must be made in writing.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer using the contact information below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail at 200 Independence Avenue S.W., Washington, D.C. 20201, by phone at 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/. You may also contact the Office of the Texas Attorney General.

We will not retaliate against you for filing a complaint.

Changes to This Notice

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

Contact Information

Privacy Officer: The Well Medical, PLLC

Email: info@thewellmedicaltx.com

Phone: (469) 522-9880