ALSARA VEIN CLINIC

Notice of Privacy Practices

YOUR INFORMATION, YOUR RIGHTS
This notice explains how medical information about you may be used or shared and how you can obtain access to it.

OUR RESPONSIBILITIES
We are required by law to protect the privacy and security of protected health information and to follow this Notice while it is in effect.

Your Rights

Access your medical information
You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will act on your request as required by law and may charge a reasonable, cost-based fee when permitted.

Ask us to correct your record
You may ask us to amend health information you believe is incorrect or incomplete. We may deny certain requests, but if we do, we will explain the reason in writing as required by law.

Request confidential communications
You may ask us to contact you in a reasonable alternative way or at a different location. We will accommodate reasonable requests as required by law.

Ask us to limit certain uses or disclosures
You may ask us not to use or share certain information for treatment, payment, or health care operations. We generally are not required to agree, but if you pay in full out-of-pocket for a service and ask us not to disclose that service to your health plan for payment or operations, we will honor the request unless disclosure is required by law.

Receive an accounting of certain disclosures
You may request a list of certain disclosures of your health information made during the six years before your request. The accounting does not include all disclosures, such as many disclosures for treatment, payment, health care operations, or disclosures you specifically authorized.

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

Choose a personal representative
A person legally authorized to act for you, such as a health care agent or guardian, may exercise your privacy rights after we verify that authority.

File a complaint
You may complain to us if you believe your privacy rights have been violated. 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.

Your Choices

For certain disclosures, you may tell us your preference. Subject to applicable law and your instructions, we may share information with family members, close friends, or others involved in your care or payment for your care, and with organizations assisting in disaster relief. If you are unable to tell us your preference, we may use professional judgment to share information when we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.

We will obtain your written authorization before using or disclosing your health information for purposes that require authorization under HIPAA, including most uses of psychotherapy notes, most marketing uses, and sale of protected health information. You may revoke an authorization in writing, except to the extent we already relied on it.

How We Typically Use and Share Health Information

- Treatment - to provide, coordinate, or manage your care and to communicate with other professionals involved in your treatment.
- Health care operations - to operate the Clinic, manage services, improve quality, conduct compliance activities, train staff, and contact you when necessary.
- Payment - to bill and obtain payment from health plans or other responsible parties and to perform related eligibility, utilization, and claims activities.

Other Uses and Disclosures Permitted or Required by Law

HIPAA and other laws permit or require us to use or share health information in additional circumstances after applicable legal conditions are satisfied. These may include:

- Public health and safety activities, including disease prevention, product recalls, adverse-event reporting, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.
- Research when applicable legal requirements are met.
- Disclosures required by federal or state law, including disclosures to the U.S. Department of Health and Human Services for HIPAA compliance oversight.
- Organ and tissue donation activities; communications with coroners, medical examiners, or funeral directors after death.
- Workers' compensation, lawful law-enforcement requests, health oversight activities, and certain specialized government functions.
- Court or administrative orders, subpoenas, lawsuits, and other legal proceedings as permitted or required by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of protected health information.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the Notice currently in effect and make the Notice available to you.
- We will not use or disclose your information other than as described in this Notice or otherwise permitted by law unless you authorize us in writing. You may revoke a written authorization as permitted by law.

Changes to This Notice

We may change the terms of this Notice, and the revised terms may apply to all protected health information we maintain, including information created or received before the revision. The current Notice will be available upon request, at the Clinic, and on the Clinic website when applicable.

Contact and Complaints

Privacy Official	Privacy Officer
Email	info@alsaraclinic.com
Phone	816-396-0245
Address	Alsara Vein Clinic • 1105 S Belt Highway • St. Joseph, MO 64507

You may also submit a HIPAA complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. Current complaint information is available at HHS.gov/hipaa. We will not retaliate against you for filing a complaint.

Effective Date: August 30, 2026