

Healthy Lifestyle Care, NP in Family Health PLLC

Dr. Shaned Spielman, DNP, FNP-BC, FNP-C, DipACLM

24 S. Devoe Ave, Yonkers, NY 10705 | 914-338-2222 | healthylifestylecare.com

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Effective Date: January 1, 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	YOUR CHOICES	OUR USES & DISCLOSURES
<ul style="list-style-type: none">• Get a copy of your medical record• Correct your medical record• Request confidential communication• Ask us to limit information shared• Get a list of those we've shared with• Get a copy of this notice• Choose someone to act for you• File a complaint	<ul style="list-style-type: none">• Tell family/friends about your condition• Provide disaster relief• Market our services (only with permission)• Raise funds (you may opt out)	<ul style="list-style-type: none">• Treat you• Run our organization• Bill for services• Public health & safety• Research• Comply with the law• Organ donation, legal, government requests

Important Notice Regarding Substance Use Disorder Records: To the extent we have your substance use disorder (SUD) patient records subject to 42 CFR Part 2, we will NOT share that information for investigations or legal proceedings against you without (1) your written consent, or (2) a court order and a subpoena.

YOUR RIGHTS

When it comes to your health information, you have the following rights:

Get an Electronic or Paper Copy of Your Medical Record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask Us to Correct Your Medical Record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say 'no' to your request, but we will tell you why in writing within 60 days.

Request Confidential Communications

- You can ask us to contact you in a specific way (home, office, or cell phone) or to send mail to a different address.
- We will say 'yes' to all reasonable requests.

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Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say 'no' if it could affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer for payment purposes. We will say 'yes' unless the law requires us to share it.

Get a List of Those With Whom We Have Shared Information

- You can ask for a list (accounting) of the times we have shared your health information for the six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except those about treatment, payment, and health care operations. We provide one free accounting per year; additional requests within 12 months may incur a reasonable fee.

Get a Copy of This Privacy Notice

- You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide it promptly.

Choose Someone to Act for You

- If someone has your medical power of attorney or is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will verify their authority before taking any action.

File a Complaint If You Feel Your Rights Are Violated

- You can contact us directly: Dr. Shaned Spielman, Privacy Official — healthylifestylefnp@gmail.com | 914-338-2222
- You can file a complaint with 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 | [hhs.gov/hipaa/filing-a-complaint](https://www.hhs.gov/hipaa/filing-a-complaint)
- We will NOT retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your preferences about what we share. Talk to us and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

If you are unable to tell us your preference (e.g., if you are unconscious), we may share your information if we believe it is in your best interest or is needed to prevent a serious and imminent threat to health or safety.

We NEVER share your information for the following purposes without your written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Regarding fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again. If we have your substance use disorder records, we will give you advance notice and a choice before using that information for fundraising.

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OUR USES AND DISCLOSURES

How We Typically Use or Share Your Health Information

Treat You

We use your health information and share it with other professionals involved in your care.

Example: A specialist treating you asks us about your overall health condition.

Run Our Practice

We use and share your health information to manage your care, improve services, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for Your Services

We use and share your health information to bill and receive payment from health plans or other entities.

Example: We provide information to your health insurance plan so it will pay for your services.

Other Permitted Uses and Disclosures

We are also permitted or required to share your information in limited circumstances that contribute to the public good. In all such cases, SUD records subject to 42 CFR Part 2 may not be shared in civil, criminal, administrative, or legislative proceedings against you without your consent or a court order and subpoena.

- Help with public health and safety issues (e.g., preventing disease, reporting adverse drug reactions, reporting suspected abuse or neglect)
- Health research
- Comply with state and federal law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, or other government requests
- Respond to lawsuits and legal actions

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will notify you promptly 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 this notice and provide you a copy of it.
- We will not use or share your information other than as described in this notice unless you give us written permission. You may withdraw that permission in writing at any time.

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THIS NOTICE

We may change the terms of this notice at any time. Changes will apply to all health information we have about you. The updated notice will be available upon request, in our office, and on our website at healthylifestylecare.com.

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NEW YORK STATE LAW — ADDITIONAL PROTECTIONS

New York State law provides additional privacy protections beyond federal HIPAA requirements. We comply with all applicable New York State laws, including:

- Mental health records: We will not disclose mental health treatment records without your written consent, unless required for treatment or by law.
- HIV/AIDS-related information: We will not disclose HIV-related information without a special written authorization, except as required by law.
- Substance use disorder records: We comply with both 42 CFR Part 2 and applicable New York State protections for SUD records.
- Reproductive health information: We will not disclose reproductive health information without your written authorization, except as required by law.

CONTACT US

Questions about this notice or your privacy rights? Contact our Privacy Official:

Dr. Shaned Spielman, DNP, FNP-BC, FNP-C, DipACLM

Privacy Official, Healthy Lifestyle Care, NP in Family Health PLLC

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We never market or sell your personal information. Your health is our only priority.

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