

Notice of Privacy Practices

Effective Date: April 28, 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.

1. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Valincare PLLC ("the Practice") is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations to maintain the privacy of your protected health information (PHI), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to abide by the terms of this Notice currently in effect. This Notice applies to all records of your care generated or maintained by the Practice.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes sharing information with other healthcare providers involved in your care, such as specialists, hospitals, laboratories, pharmacies, and covering physicians.

Payment

We may use and disclose your PHI to obtain payment for healthcare services provided to you. This may include submitting claims or sharing information with your health insurance plan as needed to obtain payment or determine coverage.

Healthcare Operations

We may use and disclose your PHI for our healthcare operations, including quality assessment, staff training, compliance activities, auditing, and general administrative functions necessary to run the Practice.

Other Uses and Disclosures Permitted or Required by Law

We may also use or disclose your PHI without your authorization in the following circumstances:

- As required by federal, state, or local law
- For public health activities, including reporting of disease, injury, vital events, and FDA-regulated product surveillance
- To report suspected abuse, neglect, or domestic violence to appropriate authorities
- For health oversight activities, including audits, investigations, and licensure actions
- In response to a court order, subpoena, or other lawful legal process
- To law enforcement officials under specific legal circumstances
- To coroners, medical examiners, and funeral directors as necessary
- For organ and tissue donation purposes, if applicable
- For certain research purposes, subject to approval by an institutional review board or privacy board
- To avert a serious threat to health or safety
- For specialized government functions, including military, national security, and correctional institution activities
- For workers' compensation proceedings as authorized by law

2. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Except as described above, we will not use or disclose your PHI without your written authorization. You may revoke your authorization at any time, in writing, except to the extent that the Practice has already taken action in reliance on your authorization. Specific categories requiring your written authorization include:

- Most uses and disclosures of psychotherapy notes, if maintained separately
- Uses and disclosures of PHI for marketing purposes
- Disclosures that constitute a sale of PHI
- Other uses and disclosures not described in this Notice

3. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI maintained by the Practice, including medical records and billing records. You must submit your request in writing. The Practice may charge a reasonable, cost-based fee for copies. We will respond within 30 days of receiving your request.

Right to Request Amendment. You have the right to request an amendment to your PHI if you believe it is incorrect or incomplete. Your request must be made in writing and must include a reason for the amendment. The Practice may deny your request under certain circumstances, but will provide you with a written explanation of the denial.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures of your PHI made by the Practice. This accounting does not include disclosures made for treatment, payment, or healthcare operations, or disclosures made with your authorization. Your request must be made in writing.

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI. While the Practice is not required to agree to your request, if we do agree, we will comply with the restriction except in emergency circumstances. You have the right to restrict disclosure to a health plan for services you paid for in full out of pocket.

Right to Request Confidential Communications. You have the right to request that the Practice communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time, even if you have previously agreed to receive it electronically.

Right to Be Notified of a Breach. You have the right to be notified in the event of a breach of your unsecured PHI. The Practice will notify you in accordance with applicable federal and state law.

4. OUR DUTIES

The Practice is required by law to maintain the privacy and security of your PHI, to provide you with this Notice of our legal duties and privacy practices, to notify you following a breach of unsecured PHI, and to abide by the terms of the Notice currently in effect.

5. CHANGES TO THIS NOTICE

The Practice reserves the right to change this Notice and to make the revised Notice effective for PHI we already have about you as well as any PHI we receive in the future. The current Notice will be posted on our website at valincare.com and available at our office. You may request a copy of the current Notice at any time.

6. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer at the address below. You will not be retaliated against for filing a complaint.

7. CONTACT INFORMATION

Privacy Officer: Dr. Kendrick Lopez

Valincare PLLC

8122 Datapoint Drive, Suite 1110

San Antonio, TX 78229

Phone: (210) 890-8995

Email: help@valincare.com

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll-free: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints