

Empower Health Care Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Effective Date: July 10, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Empower Health Care LLC, we are committed to protecting the privacy and confidentiality of your personal health information. During the course of your care, we create and maintain records containing information about your physical and mental health, treatment, and services received. This information is known as Protected Health Information (PHI) and is protected under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** and other applicable federal and state laws.

This Notice describes how Empower Health Care LLC may use and disclose your PHI, your rights regarding that information, and our legal responsibilities to protect your privacy.

Empower Health Care LLC is required by law to:

- * Maintain the privacy and security of your PHI.
- * Provide you with this Notice explaining our legal duties and privacy practices.
- * Follow the terms of this Notice currently in effect.

We reserve the right to update or revise this Notice at any time. Any revisions will apply to all PHI maintained by Empower Health Care LLC. The most current version will be available upon request and may also be provided during your next appointment.

How Empower Health Care LLC May Use and Disclose Your Health Information

Treatment

Your PHI may be used or shared with healthcare professionals involved in your care to provide, coordinate, or manage your treatment. This may include consultations with other healthcare providers, pharmacies, laboratories, or specialists when necessary to support your care. Information will only be shared with other providers when permitted by law or with your authorization when required.

Payment

Your PHI may be used to obtain payment for services provided. This may include:

- * Verifying insurance eligibility and benefits
- * Submitting claims to your insurance company
- * Responding to insurance requests for medical necessity

- * Processing prior authorizations

- * Conducting utilization review activities

If collection efforts become necessary, only the minimum amount of information required to facilitate payment will be disclosed.

Health Care Operations

Empower Health Care LLC may use or disclose your PHI to support routine business and clinical operations, including:

- * Quality improvement activities

- * Licensing and accreditation

- * Staff training and education

- * Compliance reviews

- * Administrative functions

- * Practice management

We may also use your contact information to communicate with you regarding appointment reminders, follow-up care, treatment recommendations, or other services related to your healthcare.

Business associates who perform services on behalf of Empower Health Care LLC are required by law and written agreement to protect the privacy and security of your PHI.

Uses and Disclosures Required by Law

Federal and state laws may require Empower Health Care LLC to disclose your PHI in certain circumstances, including but not limited to:

- * When you request access to your records

- * Investigations or audits conducted by the U.S. Department of Health and Human Services

- * Other disclosures required by applicable law

Uses and Disclosures Without Your Written Authorization

Certain situations allow or require disclosure of your PHI without your written authorization, including:

- * Reporting suspected child abuse or neglect

- * Reporting abuse, neglect, or exploitation of vulnerable or elderly adults

- * Complying with court orders, subpoenas, or other lawful legal processes

- * Preventing or reducing a serious and imminent threat to the health or safety of yourself or others

- * Public health reporting required by law

* Certain law enforcement or governmental investigations as permitted by law

When possible, only the minimum necessary information will be disclosed.

Disclosures with Your Verbal Permission

With your verbal consent, Empower Health Care LLC may discuss your treatment or appointments with family members or individuals directly involved in your care when appropriate.

Disclosures Requiring Your Written Authorization

Any use or disclosure of your PHI not specifically permitted by law will require your written authorization. You may revoke your authorization at any time in writing, except to the extent that action has already been taken based on your authorization.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your PHI. Requests should be submitted in writing to Empower Health Care LLC.

Right to Access Your Records

You have the right to inspect and obtain copies of your health records used to make decisions regarding your care, except in limited circumstances permitted by law. Reasonable fees may apply for copies.

Right to Request an Amendment

If you believe information contained in your medical record is inaccurate or incomplete, you may request that it be corrected or amended. Although requests will be carefully reviewed, Empower Health Care LLC is not required to make every requested amendment.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made outside of treatment, payment, and healthcare operations. Reasonable fees may apply for additional requests made within a 12-month period.

Right to Request Restrictions

You may request restrictions on how your PHI is used or disclosed for treatment, payment, or healthcare operations. While we will consider your request, we are not required to agree unless required by law.

Right to Request Confidential Communications

You may request that we communicate with you using a specific phone number, mailing address, email address, or other reasonable method to protect your privacy.

Right to Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice at any time upon request.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with Empower Health Care LLC or directly with the U.S. Department of Health and Human Services. Filing a

complaint will not affect your care or your right to receive future treatment.

****U.S. Department of Health and Human Services****

Office for Civil Rights

200 Independence Avenue, SW

Washington, DC 20201

Phone: (202) 619-0257

Acknowledgment of Receipt

I acknowledge that I have received and reviewed the ****Empower Health Care LLC Notice of Privacy Practices****. I understand how my Protected Health Information may be used and disclosed, and I understand my rights regarding the privacy and confidentiality of my health information.

*** Patient Name:**

*** Patient Signature:**

*** If signed by other than client, indicate relationship:**

*** Date:**

