

OptimalLife Primary Care

Notice of Privacy Practices

Effective date: August 23, 2026

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

Your rights

You have the right to:

- Inspect or obtain an electronic or paper copy of your medical record and other health information, usually within the time required by law. Reasonable cost-based fees may apply.
- Ask us to correct health information you believe is incorrect or incomplete. We may deny the request in some circumstances and will explain why in writing.
- Request confidential communications, such as contacting you at a particular number or address. We will accommodate reasonable requests.
- Ask us to limit what we use or share. We are not always required to agree. If you pay in full out of pocket for a service and ask us not to disclose it to a health plan for payment or operations, we will comply unless disclosure is required by law.
- Obtain a list of certain disclosures made during the prior six years, subject to legal exceptions.
- Obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Choose someone with lawful authority, such as a health care power of attorney or legal guardian, to exercise rights on your behalf.
- File a complaint without retaliation if you believe your privacy rights were violated.

Your choices

For certain information, you may tell us your preferences about sharing with family, friends, or others involved in your care; sharing in a disaster-relief situation; and contacting you about fundraising. If you cannot communicate your preference, we may share information when we reasonably believe it is in your best interest and as permitted by law. We will not sell your health information or use it for most marketing purposes without written authorization.

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How we may use and disclose your information

Treatment

We may use and disclose health information to provide, coordinate, or manage your care and to communicate with other health professionals involved in your treatment.

Payment

We may use and disclose health information to bill and obtain payment from health plans or other responsible parties and to determine coverage or benefits.

Health care operations

We may use and disclose information to operate the practice, improve quality, train staff, conduct audits, manage risk, contact you about services, and comply with professional and legal obligations.

Other permitted or required uses

We may use or disclose information as permitted or required by law for public-health and safety activities, reporting suspected abuse or neglect, health oversight, workers' compensation, responding to lawful legal process, law enforcement when legal conditions are met, medical examiners and funeral directors, organ and tissue donation, approved research, specialized government functions, disaster relief, and preventing or reducing a serious and imminent threat. More protective federal or state laws may apply to particular information.

Substance use disorder records

Records created or maintained by a federally assisted substance use disorder program may receive additional protection under 42 CFR Part 2. When Part 2 applies, uses, disclosures, redisclosures, and legal-process protections will follow applicable federal requirements. A general authorization may not permit every disclosure of specially protected records.

Uses requiring written authorization

Uses and disclosures not otherwise permitted by law generally require your written authorization. You may revoke an authorization in writing at any time, except to the extent we already relied on it. Psychotherapy notes, most marketing uses, and sale of health information generally require authorization when applicable.

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Our responsibilities and questions

Our responsibilities

We are required by law to maintain the privacy and security of protected health information, provide this Notice, follow the Notice currently in effect, and notify affected individuals following a breach of unsecured protected health information when required. We will promptly revise and make available this Notice when our privacy practices materially change.

Questions or complaints

Contact the Privacy Officer at OptimalLife Primary Care, 1050 Main Street, Suite 24, East Greenwich, RI 02818, telephone (401) 473-0085. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints), by mail, or by calling 1-877-696-6775. We will not retaliate against you for filing a complaint.

Availability

A current copy is available from the practice and at [optimallifeprimarycare.com](https://www.optimallifeprimarycare.com). The full Notice must also be posted prominently at the practice location.

This practice-specific notice is based on the February 2026 HHS Model Notice of Privacy Practices for HIPAA-covered health care providers. It should be reviewed whenever the practice's services, data-sharing arrangements, or applicable law changes.

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Acknowledgment of Receipt

Notice of Privacy Practices

Patient name: _____	Date of birth: _____
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I acknowledge that I received or was offered the OptimalLife Primary Care Notice of Privacy Practices, effective August 23, 2026. I understand that signing this acknowledgment confirms receipt only; it does not waive my rights or authorize uses or disclosures beyond those permitted by law.

Patient/authorized representative signature: _____	Date: _____
Printed name: _____	Relationship: _____

If the patient declines or cannot sign - staff documentation

☐ Patient declined to sign ☐ Emergency treatment ☐ Communication barrier ☐ Other: _____

Staff member signature: _____	Date: _____
Printed name/title: _____	Time: _____