

509 NUTRITION & DIABETES CARE, PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW PATIENTS CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PLEDGE REGARDING HEALTH INFORMATION

509 Nutrition & Diabetes Care, PLLC understands that health information about patients is personal. The practice is committed to protecting patient health information. A record is created of the care and services provided to patients to ensure quality care and comply with legal requirements.

This notice applies to all records generated by the practice and explains:

- How patient health information may be used and disclosed
- Patient rights regarding health information
- The practice's obligations under the law

The practice is required by law to:

1. Keep protected health information ("PHI") that identifies patients private
2. Provide this notice of legal duties and privacy practices
3. Follow the terms of the notice currently in effect

The practice may change the terms of this Notice. Changes will apply to all health information maintained. Updated notices are available upon request, in the office, and on the website.

II. HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED

The following categories describe ways PHI may be used and disclosed. Not every use or disclosure is listed, but all permitted uses fall within one of these categories.

Treatment, Payment, or Health Care Operations

Federal privacy rules allow the practice to use or disclose PHI without written authorization for treatment, payment, or health care operations. Examples include:

- Coordinating care with other providers
- Consulting with other health care professionals regarding a patient's condition
- Referrals for care from one provider to another

Disclosures for treatment purposes are not limited to the minimum necessary because full information is needed to provide quality care.

Lawsuits and Disputes

If a patient is involved in a lawsuit, PHI may be disclosed in response to a court or administrative order. PHI about a patient's child may be disclosed in response to a subpoena, discovery request, or other lawful process if efforts are made to notify the patient or protect the information.

III. CERTAIN USES AND DISCLOSURES REQUIRE AUTHORIZATION

Session Notes

Session notes maintained by the practice require patient authorization for use or disclosure, unless:

- Used for treatment of the patient
- Used for training or supervision to improve clinical skills
- Used for legal defense in proceedings initiated by the patient
- Required by the Secretary of Health and Human Services to investigate HIPAA compliance
- Required by law, a coroner, or to prevent a serious threat to health or safety

Marketing Purposes and Sale of PHI

The practice will not use or disclose PHI for marketing purposes and will not sell PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE AUTHORIZATION

PHI may be used or disclosed without authorization for:

- Required disclosures by law
- Public health activities (e.g., reporting abuse, preventing serious threats)
- Health oversight activities (e.g., audits, investigations)
- Judicial and administrative proceedings

- Law enforcement purposes
- Coroners, medical examiners, and funeral directors
- Research purposes under HIPAA standards
- Specialized government functions (e.g., military, intelligence, correctional institutions)
- Workers' compensation compliance

Appointment Reminders and Health-Related Services

The practice may use PHI to remind patients of appointments or inform them about treatment alternatives or other health-related services.

V. CERTAIN USES AND DISCLOSURES REQUIRE THE OPPORTUNITY TO OBJECT

I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. PATIENT RIGHTS REGARDING PHI

Patients have the right to:

1. Request limits on uses and disclosures of PHI
 2. Request restrictions on disclosures to health plans if paid out-of-pocket in full
 3. Choose how PHI is sent (e.g., alternative address or phone)
 4. See and obtain copies of PHI (except session notes) within 30 days of a written request
 5. Receive a list of disclosures made for purposes other than treatment, payment, or health care operations
 6. Correct or update PHI
 7. Receive a paper or electronic copy of this Notice
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VII. SECURE COMMUNICATIONS AND CLIENT PORTAL

To protect patient privacy, 509 Nutrition & Diabetes Care encourages all patients to use the secure Client Portal at www.509nutrition.com → [Client Portal](#) for messaging and receiving health information. This is the safest way to communicate and ensures PHI remains secure.

VIII. SMS TEXT MESSAGING CONSENT AND TERMS

SMS Consent and Privacy

By opting in to receive SMS text messages, patients provide verbal consent to receive messages from 509 Nutrition & Diabetes Care, including appointment reminders. SMS consent is not shared with third parties or affiliates. Phone numbers are used solely for communication regarding patient care.

SMS Terms of Service

By providing consent, patients agree to:

- Receive SMS messages from 509 Nutrition & Diabetes Care, including appointment reminders
- Message frequency may vary
- Standard message and data rates may apply
- Reply HELP for support or STOP to opt out at any time
- Inform their healthcare provider if they experience issues with SMS messages

EFFECTIVE DATE: March 17, 2026

ACKNOWLEDGMENT OF RECEIPT:

By signing below, the patient acknowledges receipt of this HIPAA Notice of Privacy Practices. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Patient Name: _____

Signature: _____ Date: _____