



Optimal Health and Wellness

Julie Long, WHNP-BC

Women's Health Care Nurse Practitioner | Certified Functional Medicine Practitioner

3425 Bee Caves Road #B3, Austin, TX 78746

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NOTICE OF PRIVACY PRACTICES

Effective Date: September 6, 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.

Optimal Health and Wellness is committed to protecting the privacy and security of your protected health information (PHI). This Notice explains your rights, our responsibilities, and the ways we may use and disclose your health information as permitted or required by law.

YOUR RIGHTS

You have the right to:

- Get an electronic or paper copy of your medical record. We will provide a copy or summary of your health information, usually within the time required by applicable law. We may charge a reasonable, cost-based fee when permitted by law.
- Ask us to correct health information you believe is incorrect or incomplete. We may deny the request in certain circumstances and will explain why in writing when required.
- Request confidential communications. You may ask us to contact you in a specific way or at a specific location, and we will accommodate reasonable requests.
- Ask us to limit what we use or share for treatment, payment, or healthcare operations. We are not required to agree to every request. If you pay for a service or healthcare item out of pocket in full, you may ask us not to share information about that service or item with your health plan for payment or healthcare operations when the law requires us to honor that request.
- Get a list (an accounting) of certain disclosures of your health information.
- Get a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Choose someone to act for you if that person has legal authority to do so.
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share. Depending on the circumstances, this may include sharing information with family members, close friends, or others involved in your care or payment for your care, and sharing information in a disaster-relief situation.

We will obtain your written authorization before using or disclosing your health information for purposes that require authorization under applicable law, including most uses and disclosures of psychotherapy notes, marketing when authorization is required, and the sale of PHI. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment: We may use and disclose your health information to provide, coordinate, or manage your healthcare and may share information with other healthcare professionals involved in your treatment.

Healthcare operations: We may use and disclose your health information to operate the practice, improve quality, manage services, conduct appropriate administrative activities, and contact you when necessary.



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Payment and billing: We may use and disclose health information as needed for payment and billing activities, including when you request documentation for possible insurance reimbursement or when a laboratory or other entity requires information for billing.

Public health and safety: We may disclose health information for legally permitted public-health and safety activities, such as preventing disease, reporting adverse events, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.

Research: We may use or disclose health information for research when permitted by law and when applicable requirements are met.

Required by law and health oversight: We may disclose health information when federal or state law requires it and to health-oversight agencies for activities authorized by law.

Legal and government purposes: We may disclose health information for workers' compensation, certain law-enforcement purposes, certain government functions, and in response to a court or administrative order, subpoena, or other lawful process when permitted or required by law.

Decedents and donation: We may disclose health information to coroners, medical examiners, funeral directors, and organ-procurement organizations when permitted by law.

SUBSTANCE USE DISORDER RECORDS AND OTHER SPECIALLY PROTECTED INFORMATION

Some categories of health information may receive additional protection under federal or state law. Records subject to 42 C.F.R. Part 2, when applicable, are handled in accordance with those requirements. Uses or disclosures of specially protected information will be made only as permitted or required by applicable law. A patient may have additional rights regarding such records, including restrictions on their use or disclosure in certain civil, criminal, administrative, or legislative proceedings.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you following a breach of unsecured protected health information when notification is required by law.
- We must follow the duties and privacy practices described in the Notice currently in effect.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another use or disclosure is permitted or required by law.

CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes may apply to all health information we maintain. A current Notice will be available upon request, in the office, and through the practice website or other electronic means used by the practice.

QUESTIONS OR COMPLAINTS

For questions about this Notice, requests involving your privacy rights, or privacy complaints, contact:

Julie Long, WHNP-BC, Privacy Official

Optimal Health and Wellness, LLC

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You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Optimal Health and Wellness will not retaliate against you for filing a complaint.