

**Absolutely Thin, L.L.C.**  
**15150 Preston Road, Ste 150**  
**Dallas, Texas 75248**  
**(972) 934-3231**

**Your Information. Your Rights. Our Responsibilities.**

This notice describes how your protected health information (“PHI”) may be used and disclosed and how you may get access to your PHI which we maintain. **Please review this notice carefully.**

**Your Rights.** You have the right to:

**Get an electronic or paper copy of your medical record:**

- You may ask to see or to get an electronic or paper copy of your medical record and other PHI that we maintain. Ask us how to obtain this copy.
- We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record:**

- You may ask us to correct any PHI about you that you think is incorrect or incomplete. Ask us how to make a correction.
- We may approve or deny your request to correct your PHI, and/or add information about that request to your medical record.
- If we deny your request, we will tell you why in writing within 60 days.

**Request confidential communications:**

- You may ask us to contact you in a specific way (for example, by home telephone or by email) or to send mail to a different address.
- We will agree to all reasonable requests.
- You are responsible for providing us with the physical address, phone number, and/or email address at which you would prefer to be contacted, and with any changes to that contact information.

**Ask us to limit what we use or share:**

- You may ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and may deny it if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information with your health insurer for the purpose of payment or our operations. We will generally agree to such a request, but may not agree if a law requires us to share that information or if we conclude that failing to do so would be illegal or fraudulent.

**Get a list of those with whom we have shared information:**

- You may ask for a list (also called an “accounting”) of the times that we have shared your PHI in the six years prior to the date of your request, with whom we have shared it, and why.
- We will include all of the disclosures except for those regarding treatment, payment, and health care operations, and certain other disclosures (such as any that you asked us to make).
- We will provide one accounting per year for free, but we will charge a reasonable, cost-based fee if you ask for an additional accounting within 12 months.

**Get a copy of this privacy notice:**

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy upon request. A copy is posted at our web site.

**Choose someone to act for you:**

- If you have given someone a medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your PHI.
- We will make reasonable efforts to see that the person has the authority to act for you before we take any action that may concern your PHI.

**File a complaint if you feel your rights are violated:**

- If you feel that we have violated your rights, you may complain by contacting us using the information on page 1.
- You may also file a complaint with the U.S. Dept. of Health & Human Services Office for Civil Rights, by sending a letter to 200 Independence Ave. S.W., Washington, D.C. 20201; by calling 1-877-696-6775; or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We will not retaliate against you for filing a complaint.

**IF YOU HAVE COMMENTS OR QUESTIONS ABOUT OUR PRIVACY PRACTICES, PLEASE DIRECT THEM TO OUR PRIVACY OFFICER, R.E. Branch, WHO MAY BE REACHED AT THE PHONE NUMBER THAT APPEARS ON PAGE 1 OR AT email: info@absolutelythin.com.**

**Your Choices.** If you have a clear preference regarding how we share your PHI in communicating with your family and friends about your condition, providing disaster or emergent relief, and/or including you in a hospital directory, tell us what you want us to do, and we will try to follow your instructions. If you are unable to tell us your preference (for example, if you are unconscious), we may share your PHI with others if we believe that sharing it would be in your best interests. We may also share your PHI as needed to lessen a serious and imminent threat to your health or safety.

**Our Uses and Disclosures.** We typically use or share your PHI in the following ways:

**To treat you:**

- We may use your PHI and share it with other professionals who are treating you. For example, we may disclose your PHI to a doctor treating you for an illness or an injury or to your PCP.

**To run our organization:**

- We may use and share your PHI to run our practice, to improve your care, and to contact you when necessary. For example, we may use your PHI to manage your treatment and services.

**To bill for your services:**

- We may use and share your PHI to bill and obtain payment from health plans or other entities. For example, we may give PHI to your health insurer so that it will pay for services rendered to you.

We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions under the law before we may share your PHI for these purposes. For more information, please visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**To help with public health and safety issues:**

- We may use and share your PHI in certain situations, such as to prevent the spread of disease, to report an adverse reaction to medication, and to prevent a serious threat to anyone’s health or safety.

**To comply with the law:**

- We will share your PHI if required by law to do so. For example, we will use your PHI if the Department of Health & Human Services wants to see that we are complying with federal privacy laws .

**To respond to organ and tissue donation requests:**

- We may share your PHI with organ procurement organizations, if applicable.

**To work with a medical examiner or funeral director:**

- We may share your PHI with a coroner, a medical examiner, or a funeral director if you die.

**To address workers' compensation, law enforcement, and other government requests:**

- We may use or share your PHI in connection with workers' compensation claims, in response to a request for PHI from a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military or national security.

**To respond to lawsuits and other legal actions:**

- We may share your PHI in response to a court or administrative order or to a subpoena.

**Our Responsibilities.** We are required under the law to:

- Maintain the privacy and security of your PHI;
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI; and
- Give you a copy of this Notice of Privacy Practices and follow the duties and privacy practices described in it; and

We may not use or share your PHI other than as we have described unless you give us written permission to do so. You may change your mind at any time regarding the use or disclosure of your PHI, but you are required to notify us in writing if you do so. For more information, please visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**Other Important Information about Our Privacy Practices.** Here are a few other things you should know about our privacy practices:

**Changes to the Terms of This Notice:**

- We may change the terms of this notice, and any changes will apply to all of your PHI. We will notify you if changes are made to our privacy practices.

**Effective Date of This Notice:**

- This notice shall be effective as of January 1, 2025.

**No Sale of PHI:**

- We never market or sell your PHI.