



HIPAA NOTICE OF PRIVACY PRACTICES

City Infusions LLC 801 N Quincy St, Suite 520 Arlington, VA 22203

Effective Date: March 1, 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.

OUR COMMITMENT TO YOUR PRIVACY

City Infusions is required by law to maintain the privacy of your protected health information (PHI), provide you this Notice of our legal duties and privacy practices, and follow the terms currently in effect. PHI includes information that identifies you and relates to your health condition, treatment, or payment for services.

HOW WE USE AND DISCLOSE YOUR PHI

We may use and disclose PHI for Treatment (coordinating care, consulting with referring providers, appointment reminders, calling your name in the reception area), Payment (insurance billing, prior authorizations, collections), and Healthcare Operations (quality improvement, compliance audits, training, licensing).

OTHER PERMITTED OR REQUIRED DISCLOSURES

We may disclose PHI as required by law; for public health activities; to report abuse, neglect, or domestic violence; for health oversight; in response to court orders or subpoenas; for law enforcement purposes; to coroners or medical examiners; for workers' compensation; for organ and tissue donation; and in the event of a practice sale, merger, or ownership change.

USES WHERE YOU HAVE THE RIGHT TO OBJECT

We may share PHI with family members or others involved in your care or payment, and with disaster relief organizations, unless you object. We may use limited information for fundraising communications; you have the right to opt out of receiving fundraising communications.

USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing. Marketing uses, sale of PHI, and most sharing of psychotherapy notes require written authorization.

SUBSTANCE USE DISORDER RECORDS – 42 CFR PART 2

If applicable, substance use disorder treatment records protected under 42 U.S.C. § 290dd-2 and 42 CFR Part 2 receive additional protections and generally may not be disclosed without your written consent except as permitted by law.

YOUR RIGHTS

You have the right to inspect and obtain a copy of your PHI (paper or electronic), request amendments, request restrictions (including restricting disclosure to your health plan if you pay out-of-pocket in full), request confidential communications, receive an accounting of disclosures for the prior six years, designate someone to act on your behalf, and obtain a paper copy of this Notice. We generally respond to requests within 30 days.

OUR RESPONSIBILITIES

We are required to notify you promptly if a breach occurs that may compromise your PHI. We will not use or share your PHI other than as described here unless you provide written authorization.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain. Updated versions will be available in our office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with City Infusions. You will not be retaliated against for filing a complaint.

If you wish to file a complaint with the Secretary of the United States Department of Health and Human Services, please go to the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/), call 202-619-0257 (toll free 877-696-6775), or mail to:

Secretary of the US – Department of Health and Human Services
200 Independence Ave S.W.
Washington, D.C. 20201