

**PWNHealth**  
**Notice of Privacy Practices Regarding Health Information**

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.

**How We May Use and Disclose your Health Information.** PWN Remote Care Services, P.A., PWN Remote Care Services, P.C., PW Medical Professional and certain other affiliated professional entities and PWNHealth, LLC (the administrative services provider of the professional entities) (collectively, “PWNHealth”, “we” or “us”) may use your health information and disclose it to appropriate persons, authorities and agencies, as allowed by federal and state law. Please be aware that state and federal law may have more requirements on how we use and disclose your health information. If there are specific, more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. We may also be required by law to obtain your written permission to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse. We may do this without your written permission for the following limited purposes:

1. Treatment.
2. Payment.
3. Required by Law.
4. Public Health.
5. Reporting Victims of Abuse or Neglect.
6. Health Care Oversight.
7. Legal Proceedings & Law Enforcement.
8. Death.
9. Serious Threats to Health or Safety.

We may also disclose any information that you provide to use or that is provided on your behalf. You have the right to request a restriction or limitation on the disclosure of such information as set forth below.

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

1. Read and copy your health information.
2. Request to correct your health information.
3. Request to restrict certain uses and disclosures of your information. You have the right to request in writing that we restrict how your health information is used or disclosed. For most requests, under the law, we are not required to agree to your request. In some cases, we may not be able to agree to your request because we do not have a way to tell everyone who would need to know about the restriction. There are other instances in which we are not required to agree with your request. We will inform you when we cannot find a way to carry out your request.
4. Receive a record of how we disclosed your information.
5. Receive notification of a breach and obtain a paper copy of this notice.

Contact us at [info@pwnhealth.com](mailto:info@pwnhealth.com) or PWNHealth, 123 W 18<sup>th</sup> Street, New York, NY 10011 Attn: Privacy Officer with any questions or concerns regarding the above.