NOTICE OF PRIVACY PRACTICES

Middlebelt Medical Center LLC

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.

Effective date: 01/01/2026 | Privacy contact: Samer Kafelghazal,MD medical director. 17940 Farmington rd suite 130 Livonia,MI48152 virtualweightmgmt@gmail.com 734-522-8590

1. Who We Are and What This Notice Covers

Middlebelt Medical Center LLC is a health care provider and HIPAA covered entity. This Notice applies to the protected health information (PHI) that we create, receive, maintain, or transmit in connection with our in-person and telehealth services, including information collected through our website, patient portal, electronic health record, telephone, text, email, video visits, intake forms, prescriptions, laboratory services, billing, and related patient communications when that information is PHI.

PHI is individually identifiable information about your past, present, or future physical or mental health or condition, the health care provided to you, or payment for that care, whether maintained electronically, on paper, or orally.

This Notice is separate from our general website privacy policy. Information submitted through patient intake, scheduling, portal, clinical communication, or telehealth functions may be PHI and is governed by this Notice. General browsing data that is not PHI may be governed by our website privacy policy and other applicable privacy laws.

2. How We May Use and Disclose PHI

HIPAA permits or requires us to use and disclose PHI in the circumstances described below. When the minimum-necessary rule applies, we will make reasonable efforts to limit PHI to what is reasonably necessary for the purpose. The minimum-necessary rule generally does not apply to disclosures for treatment, disclosures to you, disclosures made under your written authorization, or disclosures required by law.

Treatment. We may use and disclose your PHI to provide, coordinate, and manage your care. This may include sharing information with physicians, nurses, pharmacies, laboratories, imaging providers, dietitians, telehealth professionals, or other providers involved in your care; issuing and managing prescriptions; reviewing laboratory results; and coordinating referrals or follow-up care.

Payment. We may use and disclose PHI to bill and collect payment for services, verify benefits or coverage, process payments, respond to chargebacks or payment disputes when permitted, and conduct utilization review. If you pay in full out of pocket and request that we not disclose information about that item or service to a health plan for payment or health care operations, we will honor the request unless disclosure is required by law.

Health care operations. We may use and disclose PHI to operate our practice, including quality assessment and improvement, care coordination, credentialing, training, compliance, auditing, legal and accounting services, customer support, patient safety, fraud and abuse detection, business planning, and improving our services.

Appointment reminders and service communications. We may use PHI to contact you about appointments, treatment follow-up, test results, medication or refill matters, care instructions, account matters, patient-safety notices, and health-related services or treatment alternatives that may be relevant to you. You may request a reasonable alternative method or location for communications.

Business associates. We may disclose PHI to vendors that perform services for us, such as electronic health record, telehealth, hosting, billing, payment, pharmacy-support, laboratory, secure messaging, records-management, legal, accounting, and technology providers. When required by HIPAA, these vendors are bound by written business associate agreements and may use PHI only as permitted by their agreements and law.

People involved in your care or payment. With your agreement, or when otherwise permitted by law, we may share relevant PHI with a family member, personal representative, close friend, or other person involved in your care or payment. If you cannot express a preference, we may share limited information when, in our professional judgment, it is in your best interest. We may also share information for disaster-relief purposes.

Public health and safety. We may disclose PHI for authorized public health activities, including preventing or controlling disease, reporting adverse events or product problems, supporting recalls, reporting births or deaths, reporting suspected abuse, neglect, or domestic violence as authorized or required by law, and preventing or reducing a serious and imminent threat to health or safety.

Health oversight. We may disclose PHI to authorized oversight agencies for audits, investigations, inspections, licensure or disciplinary actions, and other activities necessary for oversight of the health care system or government programs.

Required by law. We may use or disclose PHI when federal, state, or local law requires us to do so, including disclosures to the U.S. Department of Health and Human Services to demonstrate compliance with HIPAA.

Judicial, administrative, and law-enforcement matters. We may disclose PHI in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, and for law-enforcement purposes permitted by HIPAA. Additional protections may apply to certain records.

Workers' compensation and government functions. We may disclose PHI as authorized for workers' compensation claims and certain government functions, including military and veterans' activities, national security, intelligence, protective services, correctional institutions, and custodial situations.

Coroners, medical examiners, funeral directors, and organ donation. We may disclose PHI to coroners, medical examiners, funeral directors, and organ-procurement organizations as permitted by law.

Research. We may use or disclose PHI for research when you authorize it or when an Institutional Review Board, Privacy Board, or applicable law permits the use or disclosure. We may also use limited or de-identified information as permitted by law.

Incidental disclosures. Reasonable incidental uses or disclosures may occur as a by-product of an otherwise permitted use or disclosure, provided we have reasonable safeguards in place.

3. Uses and Disclosures Requiring Your Written Authorization

Except as permitted or required by law, we will obtain your written authorization before using or disclosing PHI for purposes not described in this Notice. In particular:

- We will obtain written authorization for most uses and disclosures of psychotherapy notes, when applicable.
- We will obtain written authorization for uses or disclosures of PHI for marketing when HIPAA requires authorization.
- We will obtain written authorization before selling PHI. We do not sell PHI.
- We will comply with special federal and state protections for particularly sensitive information, which may include substance use disorder, mental health, HIV/STI, genetic, reproductive-health, or minor-consent records, to the extent applicable.

You may revoke an authorization at any time by submitting a written revocation to our Privacy Official. A revocation will not affect actions already taken in reliance on the authorization or when other law permits continued use or disclosure.

4. Substance Use Disorder Records

To the extent we receive or maintain substance use disorder patient records protected by 42 C.F.R. Part 2, those records receive additional protections. We will not use or disclose Part 2 records in a civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order accompanied by a subpoena, as required by law. If our practice is a federally assisted Part 2 program, additional consent, notice, accounting, and redisclosure protections may apply.

5. Your Rights Regarding Your PHI

To exercise any right below, submit a request to our Privacy Official using the contact information in Section 8. We may require a written request, reasonable identity verification, and information needed to locate the records. We will not require you to explain why you are exercising a right unless the law allows or requires that information.

Inspect and obtain a copy. You may inspect or obtain an electronic or paper copy of PHI in a designated record set, including medical and billing records, subject to limited legal exceptions. You may request that we transmit a copy directly to another person or entity if your request is clear, specific, signed, and otherwise meets legal requirements. We generally will act within 30 days. If an extension is permitted, we will notify you in writing. We may charge a reasonable, cost-based fee and will tell you the fee in advance when required.

Request an amendment. You may ask us to amend PHI you believe is incorrect or incomplete. Your request should identify the information and explain the requested correction. We may deny the request for reasons permitted by law—for example, if we did not create the record, the record is not part of the designated record set, the information is accurate and complete, or the information is not available for inspection. We generally will respond within 60 days; a permitted extension may apply. If denied, we will explain the denial in writing and describe your right to submit a statement of disagreement.

Request restrictions. You may ask us to restrict certain uses or disclosures for treatment, payment, or health care operations, or disclosures to persons involved in your care. Except for the out-of-pocket health-plan restriction described below, we are generally not required to agree. If we agree, we will comply unless the information is needed for emergency treatment or disclosure is otherwise permitted or required by law.

Out-of-pocket restriction. If you pay us in full, out of pocket, for a health care item or service, you may ask us not to disclose PHI about that item or service to your health plan for payment or health care operations. We will agree unless a law requires the disclosure.

Confidential communications. You may request that we communicate with you by a particular method or at a particular location—for example, only through the patient portal, at a specific phone number, or at a different mailing address. We will accommodate reasonable requests. Tell us whether voicemail or text messages are permitted and whether we may identify the practice in a message.

Accounting of disclosures. You may request a list of certain disclosures of your PHI made during the six years before your request. The accounting generally does not include disclosures for treatment, payment, or health care operations; disclosures to you; disclosures you authorized; and certain other exclusions permitted by law. One accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional accountings after giving you an opportunity to modify or withdraw the request.

Paper or electronic copy of this Notice. You may obtain a copy of this Notice at any time, even if you previously agreed to receive it electronically. Contact us, visit our website at virtualweightmanagement.com or request a copy contacting us.

Choose a personal representative. A person legally authorized to act for you—such as a legal guardian, parent when permitted by law, or holder of a valid health care power of attorney—may exercise your rights. We will verify the person's authority before acting and may decline to treat someone as your representative where law permits.

Receive notice of a breach. We will notify you as required by law if a breach of unsecured PHI occurs that may have compromised the privacy or security of your information.

File a complaint. You may complain to us and/or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights were violated. Instructions appear in Section 8. We will not retaliate against you for filing a complaint or exercising any HIPAA right.

6. Your Choices

Where the law gives you a choice, you may tell us whether to share relevant information with family, friends, or others involved in your care or payment; whether to share information for disaster relief; and how you prefer to receive communications. If fundraising communications are ever used, you may opt out of future fundraising contacts. We do not condition treatment on your agreement to receive marketing or fundraising communications.

7. Our Legal Duties

- We are required by law to maintain the privacy and security of your PHI.
- We must provide you with this Notice explaining our legal duties and privacy practices and make it available as required by law.
- We must follow the duties and privacy practices described in the Notice currently in effect.
- We must use reasonable administrative, physical, and technical safeguards to protect PHI and comply with the HIPAA Privacy, Security, and Breach Notification Rules, as applicable.
- We must notify affected individuals, HHS, and others when required following a breach of unsecured PHI.
- We will not use or disclose PHI except as described in this Notice or otherwise permitted or required by law. When written authorization is required, you may revoke it as described above.

8. Questions, Requests, and Complaints

To ask a question, exercise a right, or file a privacy complaint with us, contact:

Privacy Official	Samer Kafelghazal,MD
Practice	Middlebelt Medical Center LLC
Mailing address	17940 Farmington rd suite 130Livonia,MI48152
Telephone	734-522-8590
Email / secure portal	virtualweightmgmt@gmail.com

Please state that the communication concerns a privacy request or complaint, describe the issue or requested right, identify the records or dates involved when relevant, and provide a safe way for us to respond. Do not send sensitive medical details through ordinary email unless we specifically instruct you to do so securely.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at https://www.hhs.gov/hipaa/filing-a-complaint, by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775. We will not retaliate against you for filing a complaint.

9. Website, Telehealth, and Electronic Communications

Our website and telehealth services may collect information you voluntarily provide, including contact information, health history, treatment requests, photographs, identification, payment information, and communications. When this information is PHI, we handle it under this Notice and applicable law. Please use only the secure forms, patient portal, and communication methods we designate for clinical information.

No internet transmission or electronic storage method is completely secure. We use reasonable safeguards appropriate to the information and our legal obligations. Ordinary email, SMS text, and voicemail may carry privacy risks. You may request confidential communications or alternative methods, and we will accommodate reasonable requests. In an emergency, do not use website messaging or telehealth; call 911 or go to the nearest emergency department.

We do not authorize advertising or analytics providers to use PHI for their own advertising purposes. Any website technologies used on pages that may involve PHI must be configured and governed consistent with HIPAA and other applicable law, including business associate requirements when applicable.

10. State Law and Other Privacy Protections

We will comply with federal and state laws that provide greater privacy protection or more restrictive rules for certain information. Depending on the circumstances and the state involved, additional rules may apply to mental health, substance use disorder, HIV/STI, genetic testing, reproductive health, minors' records, pharmacy records, or other specially protected information. Where a more protective law applies, we will follow that law.

11. Changes to This Notice

We may change this Notice and make the revised Notice effective for all PHI we maintain, including information created or received before the change. The current Notice will be available on our website at [DIRECT NPP URL], upon request, and at any physical service location where posting is required. The effective date appears at the top of the Notice.

12. Acknowledgment of Receipt

We may ask you to acknowledge receipt of this Notice. Signing an acknowledgment confirms receipt only; it does not authorize additional uses or disclosures of PHI. If you decline to sign, your care will not be denied solely for that reason, and we may document our good-faith effort to provide the