

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We at MRA Patient Care LLC are required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to “MRA Patient Care LLC,” “we,” “us,” and “our” include our healthcare components and workforce members who are involved in providing and coordinating healthcare.

PHI is information that may identify you and that relates to your past, present, or future physical or mental health condition, the provision of healthcare services to you, or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you can access this PHI. We are required by the Health Insurance Portability and Accountability Act (“HIPAA”) to provide this Notice to you.

MRA Patient Care is required to follow the terms of this Notice. We reserve the right to change our practices and this Notice and make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted at our facility at 1101 Castle Hill Ave, Bronx, NY 10472, and will be available upon request.

How We May Use and Disclose Your PHI

We may use and disclose your PHI for the following purposes without your prior authorization:

- **Treatment:** We may use and share your PHI to provide and coordinate healthcare services. For example, we may disclose information to doctors, nurses, pharmacists, and other personnel involved in your care.
- **Payment:** We may use and disclose your PHI to obtain payment for the services we provide, including contacting your insurance company or other third-party payors.
- **Healthcare Operations:** We may use and disclose your PHI for operations necessary to run our healthcare services, including quality assessment and improvement activities.
- **Business Associates:** We may disclose your PHI to third parties who perform services on our behalf and who agree to protect your information.
- **Family and Others Involved in Your Care:** We may share PHI with family members or others involved in your healthcare or payment unless you object.
- **Public Health and Safety:** We may disclose your PHI to public health authorities, law enforcement, and government agencies as required by law.

Uses and Disclosures Requiring Your Authorization

Certain uses and disclosures of your PHI require your written authorization, including:

- Use or disclosure for marketing purposes
- Sale of your PHI
- Use or disclosure of psychotherapy notes (where applicable)

You may revoke an authorization at any time in writing.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy:** You may request access to your PHI.
- **Right to Amend:** You may request corrections to your PHI if you believe it is incorrect or incomplete.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made of your PHI.
- **Right to Request Restrictions:** You may request restrictions on how we use and disclose your PHI.
- **Right to Request Confidential Communications:** You may request that we communicate with you in a certain way or at a certain location.
- **Right to a Paper Copy of This Notice:** You may request a paper copy of this Notice at any time.
- **Notification of a Breach:** You have a right to be notified following a breach of your unsecured PHI.

Contact Information

If you have any questions about this Notice or if you believe your privacy rights have been violated, you can contact our Privacy Office at:

MRA Patient Care LLC
1101 Castle Hill Ave
Bronx, NY 10472

Effective Date: This Notice is effective as of April 28, 2025.