NOTICE OF PRIVACY PRACTICES
Nova MFM
Effective Date: April 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 Legal Duty

Nova MFM is required by law to:

- Maintain the privacy and security of your protected health information ("PHI")
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs that may have compromised your information

We comply with applicable federal law, including HIPAA, and Washington State laws, including the My Health My Data Act.

Uses and Disclosures of Your Health Information

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

1. Treatment
We may use and share your information to provide, coordinate, or manage your healthcare.
Example: Sharing information with a specialist or pharmacy.

2. Payment
We may use and disclose your information to bill and receive payment.
Example: Sending information to your insurance provider.

3. Healthcare Operations
We may use your information to operate and improve our practice.
Example: Quality assessment, staff training, and audits.

Telehealth Services

If you receive care through telehealth:

- We use secure, HIPAA-compliant platforms whenever possible
- Your PHI may be transmitted electronically (audio, video, messaging)
- Telehealth vendors may have access to your information under strict confidentiality agreements
- Sessions are not recorded without your written consent, unless required by law

You are encouraged to attend telehealth visits from a private location to protect your privacy.

Other Uses and Disclosures

We may also use or share your information:

- **As Required by Law** (e.g., public health reporting, court orders)
- **For Public Health Activities** (e.g., disease control, FDA reporting)
- **For Health Oversight Activities** (e.g., audits, inspections)
- **For Law Enforcement Purposes** (as permitted by law)
- **To Avert a Serious Threat to Health or Safety**
- **For Workers' Compensation Claims**
- **With Business Associates** who perform services on our behalf under confidentiality agreements

We will not use or share your information for marketing purposes or sell your information without your written authorization.

Washington State Consumer Health Data

Under Washington law, we may collect and process "consumer health data." We do not sell this data. You have additional rights under state law (see below).

Your Rights

You have the following rights regarding your health information:

Access Your Records
You can request to inspect or obtain a copy of your medical records.

Request Amendments
You can ask us to correct inaccurate or incomplete information.

Request Confidential Communications
You can ask us to contact you in a specific way (e.g., home or work phone).

Request Restrictions
You can request limits on how we use or share your information (we may not always be able to agree).

Get a List of Disclosures
You can request an accounting of certain disclosures we have made.

Get a Copy of This Notice
You can request a paper or electronic copy at any time.

Additional Washington Rights (My Health My Data Act):

- Confirm whether we collect or share your consumer health data
- Request deletion of your data (subject to legal exceptions)
- Withdraw consent for certain data uses
- Obtain a list of third parties with whom your data has been shared

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Your Choices

For certain types of information, you can tell us your preferences, including:

- Sharing information with family, friends, or caregivers

- Receiving appointment reminders (e.g., text, email, phone)

If you are unable to tell us your preference (e.g., emergency), we may share information if it is in your best interest.

Changes to This Notice

We reserve the right to change this Notice at any time. Changes will apply to all information we maintain. Updated Notices will be available upon request and on our website (if applicable).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- **Nova MFM Privacy Officer**
  Info@novamfm.com
- **U.S. Department of Health and Human Services (HHS)**
  Office for Civil Rights
- **Washington State Attorney General's Office**

You will not be penalized for filing a complaint.

Contact Information

If you have questions or wish to exercise your rights, please contact:

Nova MFM
1370 116th Ave NE Ste 203
Bellevue, WA 98004
(425) 459-2550
info@novamfm.com

Acknowledgment of Receipt

We will ask you to sign a form acknowledging that you received this Notice of Privacy Practices.