FREEDOM WEIGHT LOSS CLINIC
NOTICE OF PRIVACY PRACTICES

Effective Date: August 24, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW WE PROTECT YOUR INFORMATION, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

Freedom Weight Loss Clinic is committed to protecting the privacy and security of your health information. This Notice describes our privacy practices, our legal duties, the ways we may use and disclose your Protected Health Information, and the rights you have regarding that information.

This Notice applies to health information created, received, maintained, or transmitted by Freedom Weight Loss Clinic in connection with health care services provided to you, including services provided through telehealth.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information ("PHI") is individually identifiable health information that relates to your past, present, or future physical or mental health or condition; health care provided to you; or the past, present, or future payment for health care provided to you, and that identifies you or for which there is a reasonable basis to believe the information could be used to identify you.

PHI may exist in oral, written, photographic, or electronic form. Examples of PHI may include your:

- name, address, telephone number, email address, date of birth, and other identifying information;
- medical history, symptoms, diagnoses, and health conditions;
- medication and prescription information;
- laboratory and diagnostic results;
- treatment plans and clinical notes;
- photographs, documents, or health information you submit to us;
- information discussed or exchanged during a telehealth visit;
- patient-portal messages and other communications related to your care;
- billing, payment, and transaction information; and
- other information associated with the health care we provide to you.

Electronic PHI may be referred to as "ePHI."

YOUR HEALTH RECORD

Each time you receive health care through Freedom Weight Loss Clinic, including through telehealth, we may create or receive a record relating to your care. This record may contain information concerning your medical history, current condition, evaluation, treatment, prescriptions, laboratory testing, communications, and payment for your care.

Understanding how your health information is used can help you understand and exercise your privacy rights, review your health record for accuracy, understand who may receive your information, and make informed decisions when authorization for disclosure is requested.

PRIVACY CONTACT

Questions regarding this Notice or Freedom Weight Loss Clinic privacy practices may be directed to:

Freedom Weight Loss Clinic Privacy Officer
Phone: 225-335-8541
Email: patientsuccess@freedomwlc.com
Mailing Address: 140 Del Orleans Ave., #759, Denham Springs, LA 70726

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights regarding PHI that Freedom Weight Loss Clinic maintains about you. This section explains those rights and some of our responsibilities in helping you exercise them.

1. RIGHT TO INSPECT AND OBTAIN A COPY OF YOUR HEALTH INFORMATION

You may ask to inspect or obtain an electronic or paper copy of your medical record and other PHI maintained about you in a designated record set, subject to certain exceptions permitted by law.

We will generally provide access to your information, a copy of your information, or an agreed-upon summary within the time required by applicable law, generally within 30 days of receiving your request. If additional time is permitted and necessary, we will notify you as required by law.

If you request a copy, we may charge only a reasonable, cost-based fee as permitted by applicable law. You may request that an electronic copy be provided electronically when the requested form and format are readily producible.

2. RIGHT TO REQUEST AN AMENDMENT

If you believe PHI maintained about you is incorrect or incomplete, you may request that we amend it. Your request must be submitted in writing and explain why you believe the information should be amended.

We may deny a request for amendment in circumstances permitted by law, including when the information:

- was not created by Freedom Weight Loss Clinic, unless the person or entity that created the information is unavailable to make the amendment;
- is not part of the information maintained by or for Freedom Weight Loss Clinic;
- is not information you would otherwise have a right to inspect; or
- is determined to be accurate and complete.

If we deny your request, we will provide you with a written explanation as required by law. Where applicable, you may submit a statement of disagreement regarding the information.

3. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You may ask us to communicate with you about your health information in a particular way or at a particular location. For example, you may request that we call only a particular telephone number, communicate through the patient portal, send correspondence to a particular mailing address, or use another reasonable method of communication.

We will accommodate reasonable requests. You are not required to explain why you are requesting an alternative form of communication.

4. RIGHT TO REQUEST RESTRICTIONS

You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations. We generally are not required to agree to a requested restriction. If we agree to a restriction, however, we will comply with it except when disclosure is permitted or required by law, including when the information is necessary for emergency treatment.

SPECIAL RULE WHEN YOU PAY OUT-OF-POCKET IN FULL

If you pay for a health care item or service completely out-of-pocket and in full, you may ask us not to disclose PHI relating solely to that item or service to your health plan for purposes of payment or health care operations. When HIPAA requires us to honor such a request, we will do so unless disclosure is required by law.

Requests regarding access, amendment, confidential communications, or restrictions may be submitted to patientsuccess@freedomwlc.com.

ADDITIONAL PRIVACY RIGHTS AND YOUR CHOICES

5. RIGHT TO AN ACCOUNTING OF CERTAIN DISCLOSURES

You may request a list, called an accounting of disclosures, showing certain disclosures of your PHI made during the six years immediately preceding the date of your request.

The accounting generally identifies the date of the disclosure, the person or organization that received the information, the information disclosed, and the purpose of the disclosure.

The accounting will not include disclosures that HIPAA excludes from the accounting requirement, such as many disclosures made for treatment, payment, or health care operations and certain disclosures that you specifically authorized or requested.

We will provide one accounting during any 12-month period without charge. If you request additional accountings within the same 12-month period, we may charge a reasonable, cost-based fee after informing you of the anticipated cost and giving you an opportunity to modify or withdraw the request.

6. RIGHT TO RECEIVE A COPY OF THIS NOTICE

You may request a paper copy of this Notice at any time, even if you previously agreed to receive the Notice electronically. We will provide a paper copy promptly upon request.

7. RIGHT TO CHOOSE A PERSONAL REPRESENTATIVE

If another individual has legal authority to act on your behalf regarding your health care or health information - such as a legal guardian, health care agent, or person holding an appropriate medical power of attorney - that individual may exercise applicable privacy rights on your behalf. Before acting on a request from a personal representative, Freedom Weight Loss Clinic may verify that person's identity and legal authority.

8. RIGHT TO FILE A PRIVACY COMPLAINT

You may file a complaint if you believe your privacy rights have been violated. You may complain directly to Freedom Weight Loss Clinic by contacting:

Freedom Weight Loss Clinic Privacy Officer
Phone: 225-335-8541
Email: patientsuccess@freedomwlc.com
Mailing Address: 140 Del Orleans Ave., #759, Denham Springs, LA 70726

You may also file a complaint directly with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; Toll-Free: 1-877-696-6775. You may also use the HHS Office for Civil Rights online complaint portal.

You do not have to file a complaint with Freedom Weight Loss Clinic before filing a complaint with HHS. Freedom Weight Loss Clinic will not retaliate against you, deny treatment, or otherwise penalize you for filing a privacy complaint or exercising a privacy right provided by law.

YOUR CHOICES ABOUT CERTAIN DISCLOSURES

For certain PHI, you may tell us your preferences regarding what we share. Where permitted by law, you may tell us whether you want us to:

- share relevant information with family members, close friends, caregivers, or others involved in your care;
- share information with someone involved in payment for your care; or
- share information in connection with disaster-relief activities.

If you are unable to tell us your preference - for example, because you are unconscious or otherwise unable to communicate - we may share relevant information when permitted by law if, in our professional judgment, doing so is in your best interest.

We may also disclose PHI when permitted by law to prevent or reduce a serious and imminent threat to your health or safety or the health or safety of another person.

HOW WE TYPICALLY USE AND DISCLOSE YOUR PHI

HIPAA permits us to use and disclose PHI for certain purposes without obtaining a separate written authorization from you.

1. TREATMENT

We may use and disclose PHI to provide, coordinate, or manage your health care. For example, we may share relevant health information with:

- Freedom Weight Loss Clinic health care providers;
- another physician, nurse practitioner, or health professional involved in your treatment;
- a pharmacy receiving a prescription;
- a laboratory performing testing;
- another health care provider to whom you are referred; or
- another person or entity involved in coordinating your treatment as permitted by law.

2. PAYMENT

We may use and disclose PHI as necessary to obtain or process payment for health care services. This may include:

- billing you for services;
- processing electronic payments;
- responding to payment-related inquiries;
- providing documentation to a health plan or other payer when applicable; and
- carrying out other payment-related activities permitted by law.

3. HEALTH CARE OPERATIONS

We may use and disclose PHI for activities necessary to operate Freedom Weight Loss Clinic and provide quality health care. Examples may include:

- quality assessment and improvement;
- reviewing the performance of health care professionals;
- provider credentialing;
- staff training and education;
- developing and evaluating clinical protocols;
- compliance activities;
- legal and auditing services;
- business planning and administration;
- information-security activities;
- evaluating patient services and outcomes; and
- other health care operations permitted by law.

4. APPOINTMENT REMINDERS AND HEALTH-RELATED COMMUNICATIONS

We may use PHI to contact you regarding appointments, follow-up care, laboratory testing, prescriptions, treatment alternatives, health-related benefits or services, care coordination, or other matters related to your health care. You may request reasonable confidential communication preferences as described in this Notice.

5. BUSINESS ASSOCIATES

Freedom Weight Loss Clinic may use third-party companies or individuals to perform services on our behalf. Examples may include electronic health record and patient-portal providers, telehealth technology providers, information-technology and cybersecurity providers, billing services, document-management services, secure communications vendors, legal, accounting, and compliance professionals, and other vendors that perform functions involving PHI.

When a vendor qualifies as a Business Associate under HIPAA, we require the vendor to appropriately safeguard PHI and comply with applicable contractual and legal privacy and security obligations.

A pharmacy, laboratory, or other treating health care provider may receive PHI for treatment or another legally permitted purpose and is not necessarily acting as a Freedom Weight Loss Clinic Business Associate.

TELEHEALTH, ELECTRONIC COMMUNICATIONS, AND ePHI

Freedom Weight Loss Clinic provides health care through telehealth and other electronic technologies. Telehealth may include care delivered through:

- live video visits;
- audio-only communications when clinically and legally appropriate;
- secure patient portals;
- secure electronic messaging;
- electronic intake and consent forms;
- electronic prescribing;
- laboratory and diagnostic information systems;
- photographs or documents submitted electronically;
- remote patient-monitoring technologies, when used; and
- other electronic systems used to provide or coordinate your health care.

Information created, discussed, received, maintained, or transmitted in connection with telehealth may constitute PHI or ePHI and will be handled in accordance with applicable privacy and security laws.

PRIVACY AND SECURITY SAFEGUARDS

Freedom Weight Loss Clinic uses reasonable administrative, physical, and technical safeguards designed to protect PHI and ePHI as required by applicable law. These safeguards may include measures designed to:

- control access to health information;
- verify authorized users;
- protect electronic communications and stored information;
- reduce unauthorized access, use, or disclosure;
- identify and respond to privacy and security incidents; and
- require applicable service providers to safeguard PHI.

No electronic communication system can eliminate every privacy or cybersecurity risk. We therefore encourage patients participating in telehealth to take reasonable steps to protect their own privacy.

PROTECTING YOUR PRIVACY DURING TELEHEALTH

When possible, you should:

- participate from a private location;
- use headphones when others may be nearby;
- avoid speakerphone when privacy may be compromised;
- protect your account passwords and access credentials;
- enable multi-factor authentication when available;
- use trusted devices and networks;
- avoid unsecured public Wi-Fi when practical;
- keep your device operating system and security software current;
- prevent unauthorized individuals from viewing your screen;
- secure photographs or medical information stored on your personal device; and
- contact Freedom Weight Loss Clinic if you receive a suspicious telehealth link, email, text, or other communication purporting to be from us.

You are encouraged to tell your provider if another person is present with you during a telehealth visit. Freedom Weight Loss Clinic health care professionals will also take reasonable steps to conduct telehealth encounters in a manner that protects the privacy of your information.

RECORDING OF TELEHEALTH VISITS

A telehealth encounter will not be electronically recorded by Freedom Weight Loss Clinic unless you are informed of the recording and any consent or authorization required by applicable law has been obtained.

EMAIL, TEXT MESSAGING, AND PATIENT-DIRECTED COMMUNICATIONS

Electronic communications may carry privacy risks, particularly when information is delivered to a personal email account, mobile telephone, or device accessible by other people. You may request reasonable alternative or confidential communication methods.

Once PHI has been properly transmitted to an email account, telephone, device, or other destination selected or controlled by you, you are responsible for taking reasonable steps to protect the privacy and security of information on that device or account.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

In addition to treatment, payment, and health care operations, we may use or disclose PHI in other circumstances permitted or required by law. Legal conditions and limitations apply to these disclosures.

PUBLIC HEALTH AND SAFETY

We may disclose PHI for legally authorized public-health and safety activities, including:

- preventing or controlling disease, injury, or disability;
- reporting certain communicable diseases;
- reporting adverse events or reactions involving medications or products;
- assisting with product recalls;
- reporting births or deaths when required;
- reporting suspected abuse, neglect, or domestic violence when permitted or required by law; and
- preventing or reducing a serious threat to health or safety.

HEALTH OVERSIGHT

We may disclose PHI to authorized health-oversight agencies for activities permitted by law, including audits, investigations, inspections, disciplinary proceedings, credentialing or licensure activities, and other activities necessary for appropriate oversight of the health care system.

RESEARCH

We may use or disclose PHI for health research only when the applicable requirements of HIPAA and other law have been satisfied. Depending on the circumstances, this may require your authorization, approval of an Institutional Review Board or Privacy Board, or satisfaction of another legally recognized basis for the use or disclosure.

REQUIRED BY LAW

We will disclose PHI when federal, state, or other applicable law requires us to do so. We may disclose PHI to the U.S. Department of Health and Human Services when necessary for HHS to investigate or determine our compliance with federal health-information privacy law.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may disclose PHI in response to a court or administrative order, subpoena, discovery request, or another lawful legal process, but only when the applicable requirements of law have been satisfied.

LAW ENFORCEMENT

We may disclose PHI for law-enforcement purposes when permitted or required by law, including in response to certain court orders, warrants, subpoenas, summonses, administrative requests, and other legally authorized law-enforcement requests. Additional restrictions apply to certain specially protected health information.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

We may disclose relevant PHI to a coroner, medical examiner, or funeral director when permitted by law.

ORGAN AND TISSUE DONATION

We may disclose PHI to organizations involved in organ, eye, or tissue procurement, banking, or transplantation when permitted by law.

WORKERS' COMPENSATION

We may disclose PHI as authorized by and necessary to comply with workers' compensation and similar programs established by law.

MILITARY, NATIONAL SECURITY, AND OTHER GOVERNMENT FUNCTIONS

When permitted or required by law, we may disclose PHI for certain government functions, including military and veterans' activities, national-security and intelligence activities, protective services for certain government officials, and other specialized government functions authorized by law.

SPECIALLY PROTECTED INFORMATION AND USES REQUIRING AUTHORIZATION

USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

Unless otherwise permitted or required by law, Freedom Weight Loss Clinic will obtain your written authorization before using or disclosing PHI for a purpose not described in this Notice. Your written authorization is generally required for:

- most uses and disclosures of psychotherapy notes, if such notes are created or maintained;
- uses or disclosures of PHI for marketing when HIPAA requires authorization; and
- disclosures that constitute a sale of PHI under HIPAA.

If you give us written authorization, you may revoke that authorization in writing at any time. Revocation will not affect a use or disclosure that we already made in reliance on a valid authorization before receiving your revocation.

FUNDRAISING

If Freedom Weight Loss Clinic uses PHI to contact you for fundraising as permitted by law, you have the right to tell us not to contact you again for fundraising purposes. If we maintain substance use disorder patient records protected by 42 CFR Part 2, additional requirements apply before those records may be used for fundraising communications.

SUBSTANCE USE DISORDER RECORDS - 42 CFR PART 2

Certain substance use disorder treatment records receive additional confidentiality protections under federal law known as 42 CFR Part 2. To the extent Freedom Weight Loss Clinic receives or maintains patient records that are subject to 42 CFR Part 2, we will use and disclose those records only as permitted by applicable federal law.

In particular, information from records protected by Part 2 generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you based on the content of those records unless you provide the written consent required by applicable law or the use or disclosure is authorized through an appropriate court order and subpoena as required by Part 2. Additional rights and restrictions may apply to Part 2 records.

OTHER SPECIALLY PROTECTED INFORMATION

Federal or state law may provide greater privacy protection for particular categories of information, which may include, depending on the applicable jurisdiction:

- substance use disorder records;
- mental or behavioral health records;
- HIV, sexually transmitted infection, or other communicable-disease information;
- genetic information;
- information concerning minors;
- reproductive or sexual health information; and
- other categories of sensitive medical information.

When another applicable federal or state law provides greater privacy protection than HIPAA, Freedom Weight Loss Clinic will follow the more protective law.

OUR RESPONSIBILITIES

Freedom Weight Loss Clinic is required by law to:

- maintain the privacy and security of your PHI;
- provide you with this Notice describing our legal duties and privacy practices;
- follow the duties and privacy practices described in the Notice currently in effect;
- use reasonable safeguards to protect PHI;
- comply with applicable restrictions on the use and disclosure of specially protected information; and
- notify affected individuals following a breach of unsecured PHI when notification is required by law.

If a breach occurs that may have compromised the privacy or security of your PHI, we will provide notification as required by applicable law. Except as described in this Notice or otherwise permitted or required by law, we will not use or disclose your PHI without your written authorization.

CHANGES TO THIS NOTICE

Freedom Weight Loss Clinic reserves the right to change the terms of this Notice and to make a revised Notice effective for PHI we already maintain as well as information we receive in the future, to the extent permitted by law. When this Notice is materially revised, the revised Notice will identify its effective date; the current Notice will be available upon request; and the current Notice will be prominently available through the Freedom Weight Loss Clinic website as required by law.

QUESTIONS OR REQUESTS

For questions regarding this Notice, requests to exercise a privacy right, or additional information regarding Freedom Weight Loss Clinic privacy practices, contact:

Freedom Weight Loss Clinic Privacy Officer

Phone: 225-335-8541
Email: patientsuccess@freedomwlc.com
Mailing Address: 140 Del Orleans Ave., #759, Denham Springs, LA 70726

ACKNOWLEDGMENT OF RECEIPT

FREEDOM WEIGHT LOSS CLINIC NOTICE OF PRIVACY PRACTICES

This acknowledgment confirms receipt of the Notice of Privacy Practices. It is not a consent or authorization for uses or disclosures of your health information.

By signing or electronically acknowledging below, I acknowledge that:

- I have received, or have been provided electronic access to, the Freedom Weight Loss Clinic Notice of Privacy Practices;
- I have had the opportunity to review the Notice;
- I understand that I may request a paper copy of the Notice at any time;
- I understand that I may contact Freedom Weight Loss Clinic with questions concerning its privacy practices or my privacy rights; and
- I understand that this acknowledgment does not mean that I agree to any special use or disclosure of my health information and does not waive any rights I have under HIPAA or other applicable law.

I understand that I am not required by HIPAA to sign this acknowledgment, and that declining to sign does not eliminate the rights or responsibilities described in the Notice.

PATIENT ACKNOWLEDGMENT

Patient Name:	_____
Date of Birth:	_____
Signature / Electronic Acknowledgment:	_____
Date:	_____

IF SIGNED BY A PERSONAL REPRESENTATIVE

Name of Personal Representative:	_____
Relationship to Patient:	_____
Legal Authority / Capacity:	_____
Signature:	_____
Date:	_____

FOR FREEDOM WEIGHT LOSS CLINIC USE ONLY - IF ACKNOWLEDGMENT IS NOT OBTAINED

HIPAA requires Freedom Weight Loss Clinic to make a good-faith effort to obtain acknowledgment that the Notice of Privacy Practices was provided. If an acknowledgment is not obtained, document the effort and reason below.

Notice provided on:	_____
Method provided:	Electronic / Patient Portal / Email / Paper / Other
Reason acknowledgment was not obtained:	_____
Good-faith effort made by:	_____
Staff Member / Representative:	_____
Date:	_____