

DTxFIM HIPAA Notice of Privacy Practices

Effective Date: November 7, 2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice applies to **DTxFIM, LLC** and to the **independent licensed healthcare providers and professional entities** that deliver telehealth, nutrition therapy, coaching, and remote monitoring services through the DTxFIM™ Platform (“we,” “our,” or “us”). These healthcare professionals are required by law to protect the privacy of your Protected Health Information (“PHI”).

Your Rights

When it comes to your health information, you have certain rights. This section explains those rights and our responsibilities.

You have the right to:

1. Get a copy of your medical record

You can ask to see or get a paper or electronic copy of your medical record and other health information we maintain.

We will provide the requested record within **30 days**. A **reasonable, cost-based fee** may apply.

2. Request a correction

If you believe your medical record is incomplete or incorrect, you may request that we correct it.

We may deny your request, but we will explain why in writing **within 60 days**.

3. Request confidential communications

You may request that we contact you in a specific way (e.g., at a different phone number or address).

We **will** accommodate reasonable requests.

4. Request limits on what we use or share

You may request that we **not** use or disclose certain health information.

We are **not required** to agree to all requests, except:

If you **pay in full out-of-pocket** for a service, we **must** honor your request not to share that information with your health insurer.

5. Request a list of disclosures

You may request an **accounting of disclosures** of your PHI for up to **10 years** prior to your request date.

The first report in any 12-month period is **free**.

6. Get a copy of this notice

You may request a paper or electronic copy of this Notice at any time.

7. Choose someone to act on your behalf

If you have a **medical power of attorney** or **legal guardian**, that person may exercise your rights.

8. File a complaint

If you believe your privacy rights were violated, you may file a complaint:

- **Directly with us** (see Contact section below)
- With the **U.S. Department of Health & Human Services Office for Civil Rights**

We will **not retaliate** against you for filing a complaint.

Your Choices

You have the right to tell us how to share your information in certain situations.

You may tell us **to share or not share** PHI:

- With family or friends involved in your care
- In an emergency or disaster response situation

We will follow your instructions **unless** we believe there is a serious and immediate threat to health or safety.

We will NOT share your information unless you give written authorization for:

- Marketing communications not permitted by HIPAA
- Selling PHI
- Most uses of psychotherapy notes

Our Uses and Disclosures

We typically use and share your PHI in the following ways:

1. Treatment

We use and share your PHI to provide clinical care and coordinate services.

Example: Sharing exam notes with your primary care provider.

2. Health Care Operations

We use PHI to run our organization, improve services, and manage clinical quality.

Example: Reviewing treatment trends to improve program delivery.

3. Billing and Payment

We share PHI with health plans and payment processors to receive payment for services.

Example: Sending billing details to your insurer for reimbursement.

4. Business Associates

We may share PHI with vendors performing services on our behalf (e.g., billing, EHR systems, telehealth platforms).

All business associates are required by law to **protect your PHI**.

Other Permitted Uses

We may also use or share your PHI for:

Purpose	Examples
Public health & safety	Reporting disease, abuse, or adverse events
Research	Approved clinical or health system research studies
Complying with the law	Responding to OCR audits or legal requirements
Organ/tissue donation	Coordinating with donation organizations
Medical examiner or funeral director needs	Supporting identification or cause of death processes

Purpose

Workers' compensation, law enforcement, or national security matters

Legal proceedings

Examples

As required by law

Court orders, subpoenas, or administrative requests

De-Identification

We may **de-identify** your information so that it **cannot identify you**, and use or share it without restriction to support:

- Medical research
- Public health initiatives
- Product and service improvement
- Technology and algorithm development
- Statistical analysis

Once information is de-identified, it is **no longer PHI**.

Our Responsibilities

We are required by law to:

- Maintain the **privacy and security** of your PHI
- Notify you in the event of a **data breach**
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice unless it is updated
- Only use or share your PHI as described in this Notice or with your written permission

Changes to This Notice

We may update this Notice at any time. The newest version will be:

- Posted on our website and app
- Available upon request

Contact Us

If you have questions, request records, or would like to file a privacy complaint, contact our Privacy Officer:

DTxFIM Privacy Officer

Email: privacy@dtxfim.com

You may also file a complaint with:

U.S. Department of Health & Human Services Office for Civil Rights

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Phone: **1-877-696-6775**

We will **not** retaliate against you for filing a complaint.