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## Notice of Privacy Practices for Patient

Effective Date: August 1, 2025

This Notice tells you how we protect your health information, when we may share it, and the rights you have over it. In other words, 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, thank you!

### Our Promise to You

What This Means for You:

Your privacy is a top priority. We use your information only to care for you, keep our practice running smoothly, and meet legal requirements. We'll never sell your information.

We are required by law to:

- Keep your health information private and secure;
- Give you this Notice so you understand our privacy practices;
- Tell you if there's ever a breach of your unsecured health information; and
- Follow the terms in this Notice until we update it.

### When We Can Use or Share Your Information Without Your Written Permission

#### 1. For Your Care (Treatment)

We share information with other providers — such as specialists, labs, imaging centers, and wellness professionals — when it helps us coordinate your personalized health plan.

What This Means for You:

If you're doing advanced testing, scans, or seeing other providers, we may share only the information needed for your care.

#### 2. For Billing and Payments

We will use your information to bill you directly.

What This Means for You:

We keep all financial information confidential and secure.

#### 3. For Practice Operations

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We may use your information for quality improvement, training, and developing new longevity programs.

What This Means for You:

This helps us keep our services top-quality and relevant to your health goals.

#### **4. For Public Health and Safety**

We may share your information to report diseases, follow FDA rules, or help prevent serious threats to anyone's health or safety.

What This Means for You:

These situations are rare and required by law — they're about protecting you and the community.

#### **5. When Required by Law**

We may share your information when the law says we must — for example, with a court order.

#### **6. For Research**

With your consent, we may use your information for research — including our Longevity Research Study — to help advance healthspan and lifespan science.

What This Means for You:

Participation is always your choice. Saying "no" will not affect your care.

#### **When We Need Your Written Permission**

We'll ask for your written permission before using or sharing your information for:

- Marketing that isn't about your direct care
- Selling your information
- Most uses of psychotherapy notes

What This Means for You:

If we ever want to use your information in these ways, you'll decide yes or no — and you can change your mind anytime.

#### **Your Privacy Rights**

You have the right to:

1. See and get copies of your records (paper or electronic)
2. Ask for corrections if something is wrong or incomplete
3. Ask us to limit sharing in certain situations
4. Choose how we contact you (phone, email, secure portal, etc.)
5. Get a list of certain disclosures we've made
6. Receive this Notice anytime (paper or electronic)

What This Means for You:

You are in control of your information, and we are here to help you exercise these rights.

### **How We Protect Your Information**

We use secure systems, encrypted messaging, and other safeguards to keep your health data safe — whether it's lab results, imaging, or notes from your visits.

### **Changes to This Notice**

We may update this Notice at any time. If we do, you'll see it posted in our office, on our website, and you can always request a copy.

### **Questions or Concerns?**

Contact:

Samantha Capicotto  
Privacy Officer  
Primary Precision Medicine  
11 W 36th St., Floor 4, New York, NY 10018  
(917) 243-5868  
Samantha@primaryprecisionmed.com

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will never retaliate against you for a complaint.

### **Acknowledgment of Receipt:**

I acknowledge that I have received the Primary Precision Medicine Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_