

HIPAA Notice of Privacy Practices

Marley Nutrition and Fitness

Original effective date: April 1, 2019

Revised: October 4, 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.

Privacy contact

Marley Carnes, RDN, Owner

Marley Nutrition and Fitness

Email: nutrition@marleynutrition.com

Phone: 469-300-1392

Contact our privacy contact to ask questions, exercise the rights described below, request a copy of this notice, or make a privacy complaint.

Our responsibilities

We are required by law to protect the privacy of your protected health information, give you this notice of our legal duties and privacy practices, and follow the notice currently in effect. This notice applies to health information we create, receive, or maintain in providing your care, including nutrition and billing records.

We will notify you promptly, as required by law, if a breach occurs that compromises the privacy or security of your unsecured protected health information.

We will not use or disclose your information for purposes other than those described in this notice unless the law permits or requires it or you authorize it in writing. You may revoke an authorization in writing at any time by contacting our privacy contact. Revocation does not undo actions already taken in reliance on your authorization.

When Texas or another applicable law gives your information greater protection than HIPAA, we follow the more protective requirements.

Your rights

See or obtain your health records

You may ask to inspect or receive an electronic or paper copy of the medical, billing, and other records we use to make decisions about you. Submit your request in writing to our privacy contact. We will provide access within the time required by applicable law. For electronic health records covered by Texas Health and Safety Code Section 181.102, we generally must provide them within 15 business days of receiving your written request when our electronic record system can fulfill the request. Otherwise, HIPAA generally requires action within 30 calendar days, with a limited extension when permitted.

We may charge a reasonable, cost-based fee permitted by law. If we deny all or part of your request, we will explain the reason in writing and any available review rights.

Request a correction

You may request an amendment to information you believe is incorrect or incomplete. Submit your request and supporting reason in writing. We generally respond within 60 days, subject to an extension permitted by law. We may deny a request when permitted by law, such as when we believe the record is accurate and complete. We will explain a denial in writing and tell you how to submit a statement of disagreement.

Request confidential communications

You may ask us to contact you in a specific way or at a different location, such as at a particular telephone number or mailing address. Submit your request to our privacy contact. We will accommodate reasonable requests.

Ask us to limit use or disclosure

You may ask us to limit how we use or disclose your information for treatment, payment, or health care operations, or to people involved in your care. Submit your request in writing. We generally do not have to agree, but if we agree, we will follow the restriction except when an exception permitted by law applies, such as necessary emergency treatment.

If you pay for a health care item or service out of pocket in full, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We must agree unless the disclosure is required by law. Tell us before we submit a claim or otherwise disclose the information to your plan.

Receive an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. This list generally excludes disclosures for treatment, payment, and health care operations, disclosures you authorized, and other disclosures excluded by law. Submit your request in writing and specify the period. We generally respond within 60 days, subject to an extension permitted by law. One accounting in a 12-month period is free. We may charge a reasonable, cost-based fee for additional requests and will tell you before charging you.

Receive a paper copy of this notice

You may obtain a paper copy at any time, even if you previously agreed to receive this notice electronically. Contact our privacy contact.

Choose someone to act for you

A legally authorized personal representative, such as an authorized health care agent or legal guardian, may exercise your rights to the extent permitted by law. We will verify the person's authority before acting and follow legal exceptions when applicable.

File a complaint

You may complain to our privacy contact by email, telephone, or in writing if you believe your privacy rights have been violated.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>, by calling 1-877-696-6775, or by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaints generally must be filed within 180 days after you knew of the violation; HHS may extend that period for good cause.

We will not retaliate against you for filing a complaint.

How we use and disclose information

We may use or disclose information for the purposes below only when the applicable legal requirements are met. Additional protections for certain records may limit these uses and disclosures.

Treatment

We may use your information to provide nutrition care and coordinate treatment with other health care professionals. For example, we may discuss relevant lab results or your nutrition plan with your treating physician. We may contact you about appointments, treatment options, or health-related services.

Payment

We may use or disclose information to bill for services, collect payment, verify benefits, or obtain authorization. For example, we may send your health plan information about your nutrition services so it can process a claim.

Health care operations

We may use or disclose information to operate our practice, improve quality, coordinate care, train personnel, perform audits, and manage administrative activities. We may share information with business associates, such as billing or technology vendors, that assist us and are required to safeguard the information.

Public health and safety

When permitted or required by law, we may disclose information to prevent or control disease; report product problems or adverse reactions; report suspected abuse, neglect, or domestic violence; or prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Research

We may use or disclose information for research only when the requirements of applicable law are met, including authorization or an approved waiver when required.

Legal requirements and oversight

We may disclose information when required by law, including to HHS to assess our compliance. We may also disclose information for authorized health oversight activities, such as audits, investigations, inspections, or licensing reviews.

Legal proceedings, law enforcement, and government functions

When permitted by law and subject to required safeguards, we may disclose information in response to court or administrative orders, qualifying subpoenas or other lawful process, and certain law enforcement requests. We may also disclose information for authorized military, national security, protective services, or correctional institution purposes.

Workers' compensation, organ donation, and deceased individuals

When permitted by law, we may disclose information for workers' compensation or similar programs, organ or tissue donation, or to coroners, medical examiners, and funeral directors carrying out their duties.

Your choices and authorization

Family, friends, and disaster relief

We may share information relevant to the involvement of family, friends, or other people you identify in your care or payment, or for disaster relief, if you agree or do not object when given an opportunity. If you cannot express your preference, we may share information when permitted by law and, in our professional judgment, in your best interest. Tell us if you want to limit these disclosures.

Uses requiring written authorization

We obtain your written authorization for uses and disclosures requiring it, including marketing, sale of protected health information, and most uses and disclosures of psychotherapy notes, subject to applicable legal exceptions. Other uses and disclosures not described in this notice also require authorization unless otherwise permitted or required by law.

Fundraising

If we contact you for fundraising, you may opt out of further fundraising communications. Your choice will not affect your treatment or payment. If fundraising would use substance use disorder records protected by 42 CFR Part 2, we will first give you clear and conspicuous notice and a choice about receiving those communications.

Additional protection for substance use disorder records

If we receive or maintain substance use disorder patient records protected by **42 CFR Part 2**, we follow the additional protections applicable to those records. This does not mean that all health information mentioning alcohol or substance use is a Part 2 record.

We will not use or disclose protected Part 2 records, or testimony describing their contents, in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and a subpoena, as required by law. Consent for such proceedings must be separate from consent for other uses or disclosures.

Where a valid Part 2 consent allows treatment, payment, or health care operations disclosures to a HIPAA-covered entity or business associate, the recipient may further disclose the records as HIPAA permits, subject to Part 2's restrictions on using the records in proceedings against you. Other disclosed information may also be subject to redisclosure by a recipient and may no longer be protected by HIPAA, depending on the recipient and applicable law.

Texas privacy protections and electronic disclosures

Your protected health information may be disclosed electronically, including to coordinate treatment, submit insurance claims, and support practice operations, as permitted by law. Texas law generally requires separate authorization for electronic disclosures unless an exception applies, including qualifying disclosures to another covered entity for treatment, payment, health care operations, or insurance functions, or disclosures otherwise authorized or required by law.

We comply with applicable Texas restrictions on marketing and sale of protected health information and with additional protections for specially protected records. We obtain consent or authorization when required by Texas or other applicable law.

Changes to this notice

We may revise this notice and make the revised terms apply to information we already maintain and information we receive in the future, as permitted by law. The updated notice will show its revision date and will be available on our website, in our office, and upon request.