

Notice of Privacy Practices

Patient copy to keep

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.

This notice applies to Primeheal Wound Care LLC, operating as Prime Heal, and its workforce. It describes how we protect and use your health information in our medical practice.

Effective October 11, 2026

Privacy contact: Karapet Davtyan, MD, CWSP Telephone: (215) 760-9443

Mailing address: 405 Kenmore Rd, Havertown, PA

Email: contact@primehealcare.com. Ask for a secure method before sending completed forms, records, photographs, or other sensitive information.

Your privacy rights

Contact the privacy contact above to exercise these rights or ask how to submit a request. We will help you understand the process.

See or receive your health information

You may ask to inspect or receive an electronic or paper copy of health information in our designated record set, including medical and billing records. We generally act within 30 days. A permitted extension requires written notice. Any copying fee must be lawful and cost based. If access is denied, we will explain the basis and any right to review.

Ask for a correction

You may ask in writing to amend information you believe is wrong or incomplete and explain why. We generally respond within 60 days. A permitted extension requires notice. We may deny a request on lawful grounds; if so, we will explain in writing how you may disagree and have that disagreement linked to your record.

Ask us to contact you privately

You may request a different phone number, address, or way to contact you. We will accommodate reasonable requests for confidential communications.

Ask for limits on sharing

You may ask us to limit information used or shared for treatment, payment, or practice operations. We are not required to agree to every request. However, if you pay in full out of pocket for a service, we must honor a request not to disclose information solely about that service to your health plan for payment or operations, unless disclosure is required by law.

Your rights and choices

Notice of Privacy Practices continued

Ask for an accounting of disclosures

You may ask for a list of certain disclosures made during the six years before your request, including when, to whom, and why we disclosed information. The list excludes disclosures that the law exempts, such as many disclosures for treatment, payment, and operations. One accounting in a 12 month period is free. We will tell you about any lawful fee for additional requests so you can withdraw or narrow the request.

Receive a notice and choose a representative

You may receive a paper copy of this notice even if you agreed to receive it electronically. A legally authorized personal representative may exercise applicable rights for you. We verify the person's authority and its limits, including protections for minors and exceptions allowed by law.

Family caregivers and others you identify

You may tell us whether to share relevant information with family, friends, or others involved in your care or payment. You may object or limit what is shared. If you cannot express a preference, we may share information based on professional judgment when permitted and in your best interest. Lawful disaster relief disclosures may also be made.

Uses that need your written permission

We obtain your written authorization for uses and disclosures not described in this notice unless otherwise permitted by law. Most uses or disclosures of psychotherapy notes, marketing uses, and sales of health information require written authorization. You may revoke an authorization in writing; this does not undo actions already taken in reliance on it.

If we contact you for fundraising, you may opt out of future contacts. Before using records protected by 42 CFR Part 2 for fundraising, we will provide a clear opportunity to choose not to receive those communications.

How we commonly use your information

Treatment: We use information to assess and treat you and may share it with professionals involved in your care. For example, we may send wound care instructions to your home health nurse or discuss circulation test results with your vascular clinician.

Payment: We use and share information to bill and receive payment when permitted. For example, we may submit your diagnosis, procedure, and medical necessity information to your health plan.

Practice operations: We use and share information to run and improve our practice. For example, we may review wound outcomes for quality improvement or use a contracted billing or records service that must protect the information.

We may contact you about appointments, care instructions, treatment alternatives, or health related services, subject to your communication choices and applicable law. Clinical photographs kept in your record receive the same privacy protections as other health information.

Other disclosures and privacy responsibilities

Notice of Privacy Practices continued

Other uses or disclosures allowed by law

Subject to legal conditions and any stricter protections, we may use or disclose information for public health reporting; disease prevention; product recalls; adverse drug events; reporting abuse, neglect, or domestic violence; or preventing a serious and imminent threat. We may disclose information for health oversight, approved research processes, workers' compensation, organ or tissue donation, and authorized coroner, medical examiner, or funeral director duties.

We may disclose information when required by law, to authorized law enforcement or government officials, for authorized military or national security functions, or for certain correctional institution duties. A court order, subpoena, or legal request does not automatically allow unrestricted access; applicable conditions and special record protections must be met. We must disclose information to federal health privacy officials when required for compliance review.

Information with additional protection

Pennsylvania law adds protection for HIV-related information and certain mental health treatment records. We release this information only with legally sufficient consent or a specific lawful exception, and include any required notice limiting further disclosure. For example, a general records release alone is not enough to authorize disclosure of protected HIV-related information.

If we receive or maintain substance use disorder records protected by 42 CFR Part 2, those records and testimony about them cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order after the required notice and opportunity to be heard. A court order must be accompanied by a subpoena or other legal requirement compelling disclosure. We follow any additional applicable Part 2 limits.

Our duties

We must maintain the privacy and security of protected health information, provide this notice, and follow the notice currently in effect. We will notify you as required by law if a breach compromises your unsecured protected information. We apply more protective state or federal requirements when they govern a record or disclosure.

Questions complaints and changes

Contact our privacy contact on page 1 to ask questions or submit a privacy complaint. You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for a complaint.

We may revise this notice, and a revised notice may apply to information we already hold. The current notice will be available on request, at our care or administrative location, and on our website. Ask the practice for the current version. Keep this copy for your records.