

Notice of Privacy Practices

Aikyaa Heart Health & Wellness PLLC

Effective Date: April 1, 2026

Last Updated: June 5, 2026

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

1. Our Commitment to Your Privacy

Aikyaa Heart Health & Wellness PLLC is committed to protecting the privacy and confidentiality of your health information.

We are required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you in the event of a breach of your unsecured Protected Health Information

This Notice applies to Protected Health Information (PHI) collected as part of the Aikyaa Clinical Consultative Pathway. For services provided through the Aikyaa Guided Educational Pathway and general website use, limited personal information may be collected and handled in accordance with applicable privacy and security practices; however, such information may not constitute PHI under HIPAA.

2. What Is Protected Health Information (PHI)?

Protected Health Information (PHI) includes information that identifies you and relates to:

- Your past, present, or future physical or mental health
- Healthcare services provided to you
- Payment for your healthcare

This includes medical records, visit notes, communications, and billing information.

3. How We May Use and Disclose Your Information

We may use or disclose your PHI in the following ways:

A. Treatment

To provide, coordinate, or manage your care, including documentation, review of health history, and communication with you.

B. Payment

To process payments for services provided, including billing, receipts, and payment processing through secure systems.

C. Healthcare Operations

To support practice operations such as:

- Quality assessment and improvement
 - Administrative and business functions
 - Compliance and auditing activities
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D. Business Associates

We may share your PHI with third-party service providers (such as electronic health record platforms, telehealth systems, or payment processors) who are required to safeguard your information under HIPAA-compliant agreements.

E. As Required by Law

We may disclose your PHI when required by federal or state law, including:

- Public health reporting
- Legal proceedings
- Law enforcement requests

F. Public Health and Safety

We may disclose PHI to prevent or reduce a serious threat to health or safety.

G. Uses and Disclosures Requiring Authorization

Any other use or disclosure of your PHI not described in this Notice will be made only with your written authorization. You may revoke your authorization at any time in writing.

H. Appointment Reminders and Healthcare Communications

We may use or disclose your PHI to contact you regarding appointments, scheduling, treatment-related communications, follow-up recommendations, and other healthcare services relevant to your care.

I. Disclosures to Family Members or Others Involved in Your Care

With your permission, we may share relevant health information with a family member, caregiver, or other person involved in your care or payment for your care. You may object to or restrict such disclosures at any time, except where permitted or required by law.

4. Your Rights Regarding Your Information

You have the following rights:

- **Right to Access:** You may request a paper or electronic copy of your medical records and other PHI that we maintain about you. We may charge a reasonable, cost-based fee as permitted by law.
- **Right to Amendment:** You may request corrections or amendments to your records if you believe information is incomplete or inaccurate.
- **Right to Request Restrictions:** You may request limits on how your PHI is used or disclosed.

While we will consider all reasonable requests, we are not required to agree to every request.

- **Right to Request Restrictions for Services Paid in Full Out-of-Pocket:** If you pay for a healthcare service or item in full out-of-pocket, you may request that information related solely to that service or item not be disclosed to a health plan for payment or healthcare operations purposes. We will comply with such requests when required by applicable law.
 - **Right to Confidential Communications:** You may request that we communicate with you in a specific way or at a specific location (for example, by email, phone, or mail). We will accommodate reasonable requests whenever possible.
 - **Right to an Accounting of Disclosures:** You may request a list of certain disclosures of your PHI made by our practice, as permitted by law.
 - **Right to Receive This Notice:** You have the right to receive a paper or electronic copy of this Notice of Privacy Practices at any time, even if you previously agreed to receive it electronically.
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5. How We Protect Your Information

We use appropriate safeguards to protect your PHI, including:

- Secure electronic systems
 - Access controls and authentication
 - HIPAA-compliant communication and technology platforms
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6. Breach Notification

If a breach of your unsecured PHI occurs, you will be notified as required by law.

7. Changes to This Notice

Aikyaa Heart Health & Wellness PLLC reserves the right to update this Notice at any time.

Updated versions will be posted on the Aikyaa website and made available through the patient portal and upon request.

8. Acknowledgement of Receipt

By signing the acknowledgment provided through our patient portal or intake process, you acknowledge that you have received or been given the opportunity to review this Notice of Privacy Practices.

9. Contact Information

If you have any questions about this Notice or need further information about our privacy practices, please contact:

Privacy Officer

Aikyaa Heart Health & Wellness PLLC

1321 Upland Drive, PMB #4439

Houston, TX 77043

Phone: (832) 675-9647

Email: doctorpurnima@aikyaahearthealth.com

10. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Aikyaa Heart Health & Wellness PLLC or with the U.S. Department of Health and Human Services.

You will not be retaliated against for filing a complaint.

To file a complaint with Aikyaa Heart Health & Wellness PLLC, please contact the Privacy Officer listed above.

To file a complaint with the U.S. Department of Health and Human Services:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

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

Definition

“Aikyaa” refers to Aikyaa Heart Health & Wellness PLLC.