

Rose City RD

Notice of Privacy Practices

Effective Date: 06/25/2026

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Rose City RD is committed to protecting the privacy and confidentiality of your health information. This Notice explains how we may use and disclose your Protected Health Information (PHI), your rights regarding your health information, and our legal responsibilities under the Health Insurance Portability and Accountability Act (HIPAA).

Our Responsibilities

Rose City RD is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Notify you if a breach occurs that may have compromised the privacy or security of your information.
- Follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use or disclose your health information for the following purposes:

Treatment

We may use your health information to provide nutrition counseling and coordinate your care with other healthcare providers involved in your treatment, when appropriate.

Payment

We may use and disclose your information to bill and receive payment from you, your insurance company, or other third-party payers for services provided.

Healthcare Operations

We may use your information to improve the quality of care we provide, evaluate our services, conduct quality assurance activities, maintain business records, and comply with legal requirements.

Appointment Reminders and Communication

We may contact you by phone, voicemail, text message, email, or through a secure patient portal regarding appointments, follow-up care, billing matters, or other healthcare-related information.

Individuals Involved in Your Care

With your permission, or when permitted by law, we may share relevant health information with family members, caregivers, or others involved in your care.

As Required by Law

We may disclose your health information when required by federal, state, or local law, including public health reporting, law enforcement requests, court orders, or other legal processes.

Public Health and Safety

We may disclose health information to prevent or lessen a serious threat to your health or safety or that of another person, when permitted by law.

Business Associates

We may share information with trusted service providers who assist us in operating our practice, such as billing companies, electronic health record vendors, or secure technology providers. These organizations are required to safeguard your information.

Uses Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your information for purposes not described in this Notice, including most marketing activities or the release of psychotherapy notes (if applicable). You may revoke your authorization at any time in writing, except to the extent action has already been taken.

Your Rights

You have the right to:

- Request access to your medical records.
- Request a copy of your health information in paper or electronic format.
- Request corrections to your health information if you believe it is inaccurate or incomplete.
- Request restrictions on certain uses or disclosures of your information.
- Request confidential communications by alternative means or at alternative locations.
- Receive an accounting of certain disclosures made outside of treatment, payment, and healthcare operations.
- Obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- File a complaint if you believe your privacy rights have been violated.

Our Right to Change This Notice

We reserve the right to revise this Notice at any time. Any revised Notice will apply to all protected health information maintained by Rose City RD and will be available upon request and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Rose City RD

Amanda Daughtry, RDN
Privacy Officer

Phone: 903-522-0940

Email: RoseCityRD@outlook.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect the quality of care you receive, and you will not be retaliated against for filing a complaint.

Contact Information

If you have questions about this Notice or your privacy rights, please contact:

Rose City RD

Amanda Daughtry, RDN

Thank you for trusting Rose City RD with your nutrition care. We are committed to protecting your privacy while providing compassionate, evidence-based nutrition counseling.