

Notice of Privacy Practices

Kingdom Care DPC Effective Date: June 30, 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.

Our Commitment to Your Privacy

Kingdom Care DPC operates as a direct primary care practice. We do not bill insurance companies, Medicare, or Medicaid for our services — our patients pay directly for care through a membership arrangement. Even though this cash-pay model means we won't be reaching out to your insurance company to collect payment, we abide by HIPAA's privacy and security standards to ensure your private health information remains protected.

This notice describes how we may use and disclose your protected health information (PHI) to carry out treatment, and for other purposes permitted or required by law. It also describes your rights regarding your own health information.

How We May Use and Disclose Your Health Information

Treatment. We use and share your health information among our care team and, when necessary, with other health care providers involved in your care — for example, if we refer you to a specialist.

Health Care Operations. We may use your information internally to review the quality of care we provide, to train staff, or for other activities that help us run our practice.

Appointment Reminders and Health Communications. We may contact you by phone, text, email, or mail to remind you of appointments or to share information about services or health-related resources that may interest you.

As Required by Law. We will disclose your health information when required to do so by federal, state, or local law — for example, in response to a court order, to report suspected abuse or neglect, or to comply with public health reporting requirements.

For Health Oversight Activities. We may disclose your health information to a state licensing board, a child welfare or protective services agency, or another governing body of the state, to the extent necessary to comply with an audit or investigation conducted by that agency.

To Avert a Serious Threat to Health or Safety. We may share information if necessary to prevent a serious threat to your health or safety, or the health or safety of the public.

Uses That Require Your Written Authorization

Other than the uses described above, we will not use or share your health information without your written authorization. This includes:

- Sharing your information for marketing purposes
- Any sale of your health information
- Sharing psychotherapy notes, if applicable

You may revoke a written authorization at any time, except to the extent we have already relied on it.

Your Rights Regarding Your Health Information

You have the right to:

- **Get a copy of your health record.** You can ask to see or get a copy of your health record. We will provide a copy within a reasonable time.
- **Ask us to correct your health record.** You can ask us to correct information you believe is incorrect or incomplete.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, a personal cell phone rather than a home phone) or to send mail to a different address.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, but if we do, we will honor that request unless the information is needed for emergency treatment.
- **Get a list of those with whom we've shared your information.** You can request an accounting of certain disclosures we've made of your health information.
- **Get a copy of this notice.** You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **File a complaint** if you feel we have violated your rights. You can file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the terms of the notice currently in effect.

Changes to This Notice

We may change the terms of this notice, and any changes will apply to all information we already have as well as any information we receive in the future. The current notice will always be posted on our website and available at our office.

Contact Us

If you have questions about this notice or would like to exercise any of the rights described above, please contact:

Privacy Officer: Dr. Cameron **Kingdom Care DPC** 4707 College Blvd, Ste 200, Leawood, KS 66211 (913) 228-2220 For general inquiries: assistant@kingdomcaredpc.com

This notice was last updated June 30, 2026.