Warmspoken
PRIMARY CARE

Your privacy matters.

Your information. Your rights. Your choices.

Notice of Privacy Practices

Effective date: August 30, 2026
WS-PRIV-001 | Version 1.0

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 Warmspoken Primary Care, LLC and its clinicians and staff. It covers health information we create or receive about you, whether on paper, electronically, or spoken. The special protections described below apply to every use and disclosure in this notice.

Your rights

To exercise a right, ask questions, or get help with a request, contact our Privacy Contact at (724) 252-8372, write to our office, or send a secure Charm patient portal message. We will explain any written-request requirement and help you use it. Portal access is not required.

Get or inspect your records. Ask to see or receive a paper or electronic copy of the medical and billing records and other information we use to make decisions about you. We usually respond within 30 days; if a permitted extension is needed, we tell you in writing. We may charge only a reasonable, cost-based fee permitted by law for copies, not a search or retrieval fee. Limited exceptions apply, including certain psychotherapy notes and information prepared for legal proceedings. We explain a denial and any available review rights in writing.

Ask us to correct information. Request an amendment if you believe information is wrong or incomplete, and explain why. We generally respond within 60 days, subject to a lawful extension. If we deny the request, we explain why in writing and how you may submit a statement of disagreement.

Request private communications. Ask us to contact you in a specific way or at a different address, such as calling a preferred number or mailing to another address. We accommodate reasonable requests and do not require you to explain the reason.

Ask us to limit sharing. Request limits on information used or shared for treatment, payment, or health care operations, or shared with people involved in your care. We generally do not have to agree. However, if you or someone other than your health plan pays in full for a specific item or service, you may require us not to disclose information about that item or service to your health plan for payment or health care operations, unless disclosure is required by law. Tell us before we submit a claim.

Get a list of certain disclosures. Request an accounting of certain disclosures made during the six years before your request, including who received the information and why. The list generally excludes disclosures for treatment, payment, operations, and other exceptions allowed by law. One accounting in a 12-month period is free; we tell you the fee for an additional request so you may change or withdraw it.

Get a paper copy of this notice. Ask for a paper copy at any time, even if you agreed to receive the notice electronically. Copies are available from our office.

Have an authorized person act for you. A person with legal authority, such as an authorized health care agent or guardian, may exercise applicable rights for you. We verify that authority and follow legal limits, including protections for minors and situations involving abuse or endangerment.

Make a complaint without retaliation. You may complain to our Privacy Contact or the U.S. Department of Health and Human Services using the contact information in this notice. We will not retaliate against you for filing a complaint.

How information is shared

These uses and disclosures are allowed only when their legal conditions are met. Additional protections for certain records still apply.

Treatment. We use and share information to provide and coordinate your care. For example, we may share relevant medical information with a specialist who is treating you.

Payment. We use and share information to bill for care and obtain payment. For example, we may send your health plan information about a visit to process a claim, subject to applicable restrictions.

Health care operations. We use and share information to run the practice and improve care. For example, we may review records to evaluate the quality of our services. Service providers such as electronic-record or billing vendors may assist us under required privacy safeguards and agreements.

Care-related communications. We may contact you about appointments, treatment alternatives, or health-related services. We use reasonable safeguards, including for limited incidental disclosures that may occur during permitted activities, and honor agreed communication preferences.

Public health and safety. When permitted or required, we may report disease, product problems or recalls, suspected abuse or neglect, and certain injuries; report domestic violence as the law allows; or share information to prevent or lessen a serious and imminent threat.

Oversight and required reporting. We may disclose information for lawful audits, licensing, investigations, and other health oversight, and when a law requires disclosure, including to HHS to evaluate privacy compliance.

Research. We may use or disclose information for health research only when applicable legal requirements are met, such as your authorization or a legally permitted waiver.

Legal and government purposes. Subject to applicable limits, we may disclose information for workers' compensation, law enforcement, military or national-security functions, or lawful correctional purposes. We may respond to court or administrative orders, subpoenas, or other lawful process only after the required conditions and protections are met. A request alone does not remove confidentiality protections.

After death and donation. We may provide information to coroners, medical examiners, funeral directors, and organ or tissue donation organizations as the law permits.

Our legal duties. We are required by law to protect the privacy of your protected health information, provide this notice of our legal duties and privacy practices, and follow the notice currently in effect. We must notify affected individuals following a breach of unsecured protected health information, as required by law. We use and disclose information only as described here or otherwise authorized or required by law.

Choices and protections

People involved in your care. You may tell us whether to share relevant information with family, friends, or others involved in your care or payment, or for disaster-relief notification. When you are available and able to decide, we give you an opportunity to agree or object. If you cannot decide, we may share limited information when our professional judgment indicates it is in your best interest, subject to any stricter law.

Written permission. Most uses or disclosures of psychotherapy notes, marketing uses, and sales of health information require your written authorization, subject to limited legal exceptions. Other uses or disclosures not described in this notice require your written authorization. You may revoke an authorization by notifying our Privacy Contact in writing. Revocation does not undo actions already taken in reliance on it.

Substance use disorder records. If we receive or maintain substance use disorder treatment records protected by 42 CFR Part 2, additional protections apply. Those records, or testimony about their contents, may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order issued under Part 2 after notice and an opportunity for you or the record holder to be heard. A court order authorizing disclosure must also be accompanied by a subpoena or other legal requirement compelling disclosure. Other uses and disclosures must meet applicable Part 2 requirements.

Pennsylvania protections. Pennsylvania law may give additional protection to HIV-related information, certain mental health records and privileged communications, and drug or alcohol treatment records. When those protections apply, we obtain the specific written consent the law requires unless a legal exception allows disclosure. For example, a general medical-record release is not sufficient to authorize disclosure of confidential HIV-related information under Pennsylvania law. We follow applicable requirements that are more protective than HIPAA.

Changes to this notice. We reserve the right to change this notice and make the revised terms apply to information we already maintain and information we receive in the future, as permitted by law. A revised notice will show its effective date and will be available in our office, on our website, and upon request.

Federal privacy complaints. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services through the Office for Civil Rights (OCR), without first complaining to us. File online at www.hhs.gov/hipaa/filing-a-complaint/ or contact HHS at 1-877-696-6775; 200 Independence Avenue SW, Washington, DC 20201.

Warmspoken Primary Care Privacy Contact

Warmspoken Primary Care, LLC
302 9th Street, New Brighton, PA 15066
Phone: (724) 252-8372
Secure messages: Charm patient portal

(724) 252-8372

Questions or concerns? Please ask us.

Paper copies are available from our office.

No portal access is required.

FULL NOTICE | ONE SHEET | PRINT AT 18 x 24 INCHES / 100%