# NOTICE OF PRIVACY PRACTICES

**Achieve Medical Weight Loss | Effective October 19, 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.**

This notice applies to protected health information (PHI) maintained by Achieve Medical Weight Loss ("Achieve") in providing outpatient medical weight-loss care, including visits, prescriptions, laboratory services, medication management, and telehealth. It describes your rights and our legal duties under HIPAA and applicable North Carolina law.

## 1. How We Use and Share Your Information

**Treatment:** We use and share information to provide and coordinate your care, such as reviewing your medical history, prescribing medication, sending prescriptions to pharmacies, and obtaining laboratory results.

**Payment:** We use information to collect payment for services and manage patient accounts, including receipts and payment processing. Achieve does not bill health insurance for its services.

**Healthcare operations:** We use information for clinical quality review, staff training, supervision, compliance, recordkeeping, and practice management.

**Other permitted or required disclosures:** We may share information when authorized or required by law, including for public health reporting, health oversight, reporting abuse or neglect, certain legal proceedings or law-enforcement requests, workers' compensation, or preventing a serious threat to health or safety. We may share information with service providers that assist our practice and are required to protect it when applicable. We will follow any stricter confidentiality protections required by North Carolina or federal law.

**Appointment and care communications:** We may contact you about visits, prescriptions, medication pickup, lab results, and other treatment matters. You may request reasonable alternative ways to contact you.

## 2. When Written Authorization Is Required

We will obtain your written authorization for uses or disclosures not otherwise permitted by law, including most marketing uses, sale of PHI, and certain uses of psychotherapy notes if any are maintained. You may revoke an authorization in writing, except to the extent we already relied on it. We do not sell patient health information.

## 3. Additional Protections for Certain Records

Some information, including certain mental-health and substance-use-disorder records, is protected by additional state or federal laws. If Achieve receives or maintains records protected by 42 CFR Part 2, we will follow those requirements. Such records may be used or disclosed for treatment, payment, or healthcare operations with valid consent or as otherwise permitted by Part 2. Part 2 records generally cannot be used against a patient in civil, criminal, administrative, or legislative proceedings without specific consent or a qualifying court order and required legal process. Where applicable, any use of Part 2 records for fundraising requires the required notice and opportunity to opt out.

## 4. Your Privacy Rights

**Access:** You may inspect or request electronic or paper copies of your records, subject to limited legal exceptions. We generally respond within 30 days; permitted extensions and reasonable cost-based fees may apply.

**Correction:** You may request correction of information you believe is incorrect or incomplete. We may deny a request for legally permitted reasons and will explain your rights.

**Restrictions:** You may ask us to limit certain uses or disclosures. We generally are not required to agree. If you pay in full out of pocket for a service, we must honor a qualifying request not to disclose that service to a health plan for payment or healthcare operations unless disclosure is required by law.

**Confidential contact:** You may request that we contact you in a particular way or at a particular location. We will accommodate reasonable requests.

**Accounting:** You may request a list of certain disclosures made during the previous six years, subject to legal exceptions.

**Notice and representation:** You may request a paper copy of this notice at any time. A legally authorized personal representative may act on your behalf, subject to verification and applicable law.

**Family and caregivers:** You may tell us whether we may share relevant information with family, friends, or others involved in your care. If you cannot express a preference, we may share limited information when legally permitted and in your best interests.

## 5. Our Responsibilities

We are required by law to maintain the privacy and security of your PHI, provide this notice, follow the notice currently in effect, and notify affected individuals following a breach of unsecured PHI when required by law. We may revise this notice and apply the revised terms to information already maintained. Updated notices will be available at our clinics, on our website, and upon request.

## 6. Questions or Complaints

You may contact our Privacy Officer or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). **We will not retaliate against you for filing a complaint.**

**Achieve Medical Weight Loss - Privacy Officer: Dale Kuhl, CEO**
311-3 Judges Road, Unit E, Wilmington, NC 28405
Phone: 910-599-2673 | Email: kuhldale@yahoo.com
Website: https://www.amwl.net

**HHS Office for Civil Rights:** 200 Independence Avenue SW, Washington, DC 20201
Phone: 1-877-696-6775 | https://www.hhs.gov/hipaa/filing-a-complaint/

# ACKNOWLEDGMENT OF RECEIPT

**Achieve Medical Weight Loss | Notice Effective October 19, 2026**

I acknowledge that I have received or been offered a copy of the Achieve Medical Weight Loss Notice of Privacy Practices. I understand this acknowledgment confirms receipt of the notice and is **not** an authorization to release my medical information.

**Patient Name:** _____

**Date of Birth:** _____

**Patient / Legal Representative Signature:** _____

**Date:** _____

**Representative Relationship / Authority (if applicable):**

_____

**FOR OFFICE USE ONLY**

**Notice Provided On:** _____

**Method of Delivery:** _____

**Acknowledgment Obtained (Yes / No):** _____

**Staff Name / Initials:** _____

**If acknowledgment was not obtained, describe the good-faith effort and reason:**

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