



NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 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.

Vuelta Health is required by the Health Insurance Portability and Accountability Act (HIPAA) the 42 CFR Part 2 Final Rule, and applicable state law, including New Mexico privacy requirements, to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices, and follow the terms of this Notice currently in effect.

OUR COMMITMENT TO YOUR PRIVACY

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways we may use and disclose your PHI without your written authorization. Not every use or disclosure will be listed, but all permitted uses fall within one of these categories.

1. **Treatment** We may use and disclose your health information to provide, coordinate, or manage your medical care. This includes communication with other healthcare providers involved in your care, including referrals to specialists, laboratories, or other healthcare facilities.
2. **Payment** We may use and disclose your information to obtain payment for services provided. This may include billing, claims management, eligibility verification, and collection activities.
3. **Healthcare Operations** We may use and disclose your health information for practice operations, including quality assessment, care coordination, training, licensing, legal compliance, and business management activities.
4. **Health Information Exchange (HIE)** Vuelta Health participates in a Health Information Exchange through our certified electronic health record system (Tebrá and CEHRT). This allows authorized healthcare providers involved in your care to securely access relevant medical information to support continuity and coordination of care.

You may request restrictions on HIE participation; however, some disclosures may still occur as permitted or required by law.

DIRECT PRIMARY CARE (DPC) MEMBERSHIP MODEL

Vuelta Health operates as a Direct Primary Care practice. Membership fees cover primary care services as defined in your membership agreement. This arrangement does not replace health insurance but is intended to improve access, continuity, and transparency of primary care services.



We may coordinate care with outside providers, laboratories, and specialists as clinically appropriate.

SPECIAL CATEGORIES OF USES AND DISCLOSURES

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Any use or disclosure of your PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance on it.

Unless allowed by law or for purposes of treatment, payment, or operations, we do not share any substance abuse treatment records, HIV or Hepatitis C testing, genetic information, or behavioral health treatment records without your written permission.

Vuelta Health Professionals comply with any and all legally required mandated reporting: Public health reporting, state and/or federal agency audit investigations, infection control, health and safety including: abuse, neglect or injury.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI:

1. **Right to Access** You may request access to or copies of your medical records, subject to applicable law.
2. **Right to Amend** You may request corrections to your health information if you believe it is incorrect or incomplete.
3. **Right to an Accounting of Disclosures** You may request a list of certain disclosures of your PHI made outside of treatment, payment, or healthcare operations.
4. **Right to Request Restrictions** You may request restrictions on how we use or disclose your PHI. We will consider your request but are not required to agree to all restrictions, except where required by law.
5. **Right to Confidential Communications** You may request that we communicate with you in a specific way or at a specific location. We will accommodate reasonable requests.
6. **Right to a Paper Copy of This Notice** You may request a paper copy of this Notice at any time.

COMMUNICATIONS WITH YOU

IN-PERSON CARE AND SERVICES



COMMUNICATIONS WITH YOU

Vuelta Health provides in-office primary care services, which may include minor procedures such as wound care, suturing, and other primary care interventions. We also coordinate laboratory testing, imaging referrals, and specialist care as clinically indicated.

We may work with employers who participate in membership arrangements for employees, with safeguards in place to protect individual patient privacy.

OUR DUTIES

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Abide by the terms of this Notice currently in effect
- Notify you following a breach of unsecured PHI as required by law

CHANGES TO THIS NOTICE

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint in writing via mail or email:

Privacy Officer Vuelta Health
1919 Fifth Street, Suite A
Santa Fe, NM 87505

Phone: 505-216-6387

Email: Admin@vueltahealth.com

You can file a complaint 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 1-800-368-1019, TTD Number 1-800-537-7697, or visiting
www.hhs.gov/hipaa/filing-a-complaint/index.html.

You will not be retaliated against for filing a complaint.

CONTACT INFORMATION



If you have questions about this Notice or need additional information, please contact our Privacy Officer at the address, phone number, or email listed above.

ACKNOWLEDGEMENT OF RECEIPT

You will be asked to sign an acknowledgment that you received this Notice. This acknowledgment does not mean you have agreed to any special uses or disclosures not described in this Notice.

END OF NOTICE