

UROLOGY CARE CENTER PRIVATE PRACTICE-PATIENT AGREEMENT

This Private Practice-Patient Agreement (“Agreement”) specifies the terms and conditions under which, you, the undersigned patient (“Patient”) may voluntarily elect to enroll in the urology-based exam services offered by Urology Care Center, Inc., a California professional corporation (“Practice”), with such services further described in Schedule A and as follows:

Practice’s annual and follow-up comprehensive **routine** diagnostic urology-based exam services, provided regardless of medical condition or necessity and including educational services, all supported by certain communication services as further specified in the attached Schedule A (collectively “Exam Services”).

Patient and Practice are each a “Party” or collectively the “Parties.”

EXAM SERVICES

Practice makes Exam Services available to Patient in exchange for Patient’s payment of the fees identified in Schedule A (“Services Fees”).

Practice may update the Exam Services in Schedule A from time to time. Exam Services exceed or are beyond those services covered by Patient’s Medicare, Medicaid, or private insurance plan (collectively “Plan”).

Any appropriately licensed healthcare professional associated with Practice may provide Exam Services to Patient.

PAYMENT OPTIONS

The initial first three (3) months of Services Fees are non-cancellable and non-refundable. Patient may pay the Services Fees monthly or annually with a debit card, credit card, ACH, or check payment. Services Fees are designed to qualify as eligible medical expenses such that Patient may pay Services Fees with health saving account (“HSA”) funds, flexible spending account (“FSA”) funds, health reimbursement account (“HRA”) funds, or similar funds, or via employer funding, but this qualification is not assured or promised. Patient must confirm HSA eligibility with Patient’s tax expert, or FSA/HRA eligibility with a plan coordinator, or employer funding with that employer’s labor/ERISA/tax legal counsel, as Practice cannot guarantee medical expense eligibility due to variable factors applicable to each Patient.

RENEWALS AND TERMINATION

This Agreement will automatically renew one (1) year from the date of this Agreement unless terminated by either Party with thirty (30) days’ written notice.

Subject to the non-refundability of Services Fees outlined in this Agreement, termination by either Party before the end of the applicable annual term may entitle Patient to receive a prorated refund of the unearned Services Fees, however, when Practice delivers the annual comprehensive Exam Services exam or provides close-to-death supportive Exam Services, Practice substantially earns the annual Services Fees. Upon the death or disability of Practice’s primary healthcare professional responsible for delivering Exam Services, or upon the death of the Patient, any previously paid Services Fees shall become non-refundable and this Agreement shall immediately and automatically terminate.

HEALTHCARE SERVICES EXCLUDED FROM SERVICES FEES

Services Fees only cover the availability of Exam Services. Patient acknowledges that either Patient or Patient's Plan may be responsible for additional charges for services other than those specifically described in Schedule A. Any charges to Patient for any services outside of Plan coverage that are not explicitly reflected in Schedule A will be at Practice's usual, reasonable, and customary rates and consented to in advance by Patient. To the extent that Practice is in-network with any applicable Plan, Practice will request Plan reimbursement for Plan-covered services and collect any applicable co-payment or deductible as required by Plan terms.

If Patient is or becomes Medicare eligible, Patient acknowledges that Practice is a participating Medicare provider. However, Patient shall not submit to Medicare any claim for payment of Services Fees or request that Practice submit such a claim. Patient acknowledges and understands that Medicare does not cover and will not pay for the Exam Services, and Patient agrees not to submit Services Fees to Medicare for reimbursement.

ELECTRONIC COMMUNICATIONS

If Patient wishes to communicate through electronic platforms with Practice, Patient must be aware that electronic mediums may not always constitute a secure method for sending or receiving sensitive personal health information. Practice will take reasonable steps to keep Patient's communications confidential and secure and comply with applicable health data privacy obligations under applicable laws. In the event the communication is time-sensitive and requires quick, urgent, or emergent healthcare response, Patient must call 9-1-1 and/or secure immediate emergency room/ER medical attention. Please refer to Practice's separate Electronic Communications Agreement for further applicable details in this regard, which is integrated herein by this reference.

APPOINTMENTS AND SCHEDULING

Appointments with Practice are scheduled through Practice's office to ensure ample time is given to each Patient. If Patient has an urgent concern, Patient shall call Practice's office and Patient will be given an appointment that will accommodate the urgency. Walk-ins are not conducive to Practice's thoughtfully planned schedule, so we advise Patient to schedule appointments in advance.

UNAVAILABILITY OF PRACTICE HEALTHCARE PROFESSIONALS

Patient acknowledges that there may be times when Patient cannot contact a Practice healthcare professional due to vacations, illness, or technical defects with either Patient's or Practice's electronic communication equipment. Patient acknowledges that should a Practice healthcare professional become unavailable, Practice shall endeavor to have another Practice healthcare professional available to provide Exam Services.

COMPLIANCE WITH LAW

Practice provides Exam Services intending to comply with all applicable laws. This Agreement shall be governed by and construed under the laws of the state in which Practice is licensed and practicing, without application of choice-of-law principles.

PRACTICE IS NOT AN INSURER

Practice is not an insurance company and is not promising or delivering unlimited care for Services

Fees. Practice presumes that Patient is either eligible for Medicare or otherwise has a private Plan that provides healthcare coverage for essential healthcare services not covered by Services Fees.

AGREEMENT ASSIGNMENT AND MODIFICATIONS

Patient may not assign this Agreement. This Agreement replaces and supersedes all prior agreements of any kind, oral or in writing, between Patient and Practice. This Agreement may not be modified absent a writing signed by Patient and an authorized representative of Practice.

PATIENT ACKNOWLEDGES THAT HE/SHE HAS CAREFULLY READ THIS AGREEMENT, WAS AFFORDED SUFFICIENT OPPORTUNITY TO CONSULT WITH LEGAL COUNSEL OF HIS/HER CHOICE AND TO ASK QUESTIONS AND RECEIVE SATISFACTORY ANSWERS REGARDING THIS AGREEMENT, UNDERSTANDS HIS/HER RESPECTIVE RIGHTS AND OBLIGATIONS UNDER THIS AGREEMENT, AND SIGNS THIS AGREEMENT OF HIS/HER OWN FREE WILL AND VOLITION.

By signing below, I am agreeing to enrollment in Practice's Exam Services and the terms of this Agreement as detailed above and in Schedule A.

PRACTICE:
UROLOGY CARE CENTER, INC.,
A CALIFORNIA PROFESSIONAL
CORPORATION

Signature: _____
Name: Dr. Cu N. Phan
Title: President
Date: _____

PATIENT:

Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date: _____

SCHEDULE A **EXAM SERVICES & SERVICES FEES**

1. Exam Services

Practice will make available one (1) comprehensive diagnostic annual and follow-up **routine** Exam Services exams each year. Exam Services take a proactive approach to urology and focus on longevity, preventative care, and lifestyle guidance to help support improved overall health outcomes. Exam Services incorporate enhanced Patient education and behavioral modification guidance that are all beyond what any Plan covers or reimburses.

Exam Services shall integrate the following health principles and goals:

Optimizing health through enhanced Patient education and behavioral modification guidance focused on proactive mitigation and management

Creating and guiding Exam Services-based lifestyle goals

Improving overall health awareness and equipping Patient with enhanced health education

Improving awareness regarding various additional healthcare options

Exam Services may include certain lab tests, examinations, supplements, diagnostic tools, treatments, medications, and procedures that may constitute out-of-pocket Patient costs that Patient may be able to submit to Patient's Plan for reimbursement, but, such reimbursement is not guaranteed—Patient will be required to pay for these out-of-pocket fees as they are not included in or covered by Services Fees.

2. Services Fees

Services Fees for Exam Services:

Basic Tier: \$1,200/year or \$110/month	Standard Tier: \$5,000/year or \$450/month	Premier Tier: \$12,000/year or \$1,150/month
<ul style="list-style-type: none">• One (1) annual Exam Services exam• One (1) routine follow-up health optimization consultation	<ul style="list-style-type: none">• One (1) annual Exam Services exam• Three (3) quarterly follow-up Exam Services exams• One (1) weekly communication in support of Exam Services with Practice physician's mobile telephone	<ul style="list-style-type: none">• One (1) annual Exam Services exam• Unlimited follow-up Exam Services exams• Unlimited communications in support of Exam Services with Practice physicians's mobile telephone

ADDITIONAL TERMS:

Services Fees cover Practice's Exam Services, which include ongoing supportive communication services, collectively aimed at improving Patient's overall health. Practice's reduced patient panel, and detachment from dependence on Plan reimbursement for Plan services that often include restrictions or limits on those Plan services, all enable Practice to provide expedited and unhurried exam and supportive communication services. All services paid for by Services Fees are entirely outside of and beyond any Plan coverage. Services Fees must never be submitted to

Medicare or any other Plan for reimbursement.

Practice may separately elect to deliver Plan-covered services, if and when medically indicated, if Practice is in-network with Patient's Plan. Plan-covered services will be submitted to the Plan for reimbursement, and Plan-mandated co-payments/deductible charges shall be collected from Patient by Practice.

Exam Services and Services Fees do not include any Medicare-covered services. However, Medicare-eligible patients may request and receive Medicare-covered services. Practice must bill Medicare for these services and must collect Medicare-mandated co-payments, deductibles, and other Patient charges related to Medicare-covered services.

**UROLOGY CARE CENTER, INC.
ELECTRONIC COMMUNICATIONS AGREEMENT**

Urology Care Center, Inc., a California professional corporation (“we”, “us” or “Practice”), and the undersigned patient (“you” or “Patient”) enter into this Electronic Communications Agreement (“EC Agreement”) regarding the use of e-communications/transmissions, such as e-mail, mobile or cellular telephone (if applicable), Zoom, FaceTime, internet portal-enabled communications, SMS or text or DM messaging, or, any other version of electronic communication (collectively “E-Communication”) concerning Patient protected health information (“PHI”). (Practice and Patient are each a “Party” or collectively the “Parties”).

PATIENT AUTHORIZATION DESPITE RISKS OF PRIVACY BREACH

While Practice and Patient commonly rely on electronic communication platforms and services to achieve immediate communication, you acknowledge there are E-Communication risks that are outside Practice’s control. You authorize all forms of E-Communications exchanged between Parties unless you instruct us otherwise in writing. You acknowledge that the use of E-Communication is inherently risky and prone to unintentional release of data. E-Communications may incorporate or communicate references to your PHI with sensitive health and personal identification information included. You acknowledge that E-Communications lack any guarantee of privacy and are subject to system privacy failure, cookies and other tracking efforts, phishing attacks, hacking attacks, data breaches, unintended misdirections, misidentifications of senders/recipients, technology failures, and user errors.

You agree to undertake efforts to protect your privacy, which include refraining from including sensitive information in E-Communications that you do not want to be at risk of any data security breach. Practice will undertake reasonable efforts to protect your privacy to the extent required by applicable laws. You authorize us to respond electronically to all E-Communications that appear to be provided by you, whether or not such communications arrive from the electronic contact information that you provide us.

PATIENT MUST PROVIDE ACCURATE AND UPDATED CONTACT INFORMATION

You agree to provide us with your accurate electronic contact information (email address, Zoom or FaceTime contact information, phone number, and any other applicable E-Communication contact information). You will immediately inform us of any changes or corrections to your electronic contact information to avoid misdirected E-Communications. You will also inform us of your permanent mailing residential address, and any changes to that address.

PATIENT MUST NOT RELY ON ELECTRONIC COMMUNICATION IN EMERGENCIES: USE 911 AND GET TO THE EMERGENCY ROOM

Practice does not guarantee that we will read your E-Communications immediately or within any specific amount of time. You agree not to utilize E-Communications to contact us regarding an emergency or time-sensitive situation, as there is too much risk that the communication response may be delayed, ineffective, untimely, or inadequate. You MUST call 9-1-1 in an emergency and/or immediately seek emergency medical attention.

PATIENT AGREES TO UTILIZE ELECTRONIC COMMUNICATION TO REPORT ANY NEGATIVE CONDITIONS RESULTING FROM ANY PRACTICE SERVICES

If Patient experiences any side effects or worsening conditions (that do not constitute an emergency or time-sensitive situation as mentioned above) related to any Practice services, Patient shall immediately utilize E-Communications to timely inform Practice of such side effects or worsening conditions.

HIPAA/HITECH/DATA PRIVACY LAWS

Practice values and appreciates your privacy and will take commercially reasonable steps to protect Patient's privacy in compliance with the Health Insurance Portability and Accountability Act of 1996 and related laws such as HITECH (collectively referred to as "HIPAA"). Practice shall also comply with other data privacy laws related to Patient's data.

We will obtain your express written or electronic consent (to the extent required by applicable law) if we are required or requested to forward your identifiable PHI to any third party other than as authorized in our Notice of Privacy Practices or as authorized or mandated by applicable law. You hereby consent to the use of E-Communication of Patient's information as we consider it helpful to coordinate care and schedule visits (including virtual visits) with you and all those responsible for providing or overseeing your care. You agree to identify individuals or entities authorized to receive your PHI from us in connection with authorized consulting, education, and all other aspects of your care, and we may share your PHI with such parties without additional written or electronic consent from you.

You have the right to ask us for a copy of your PHI, including an explanation or summary. The following services will not be the subject of any additional charges to you (and are outside Services Fees): maintaining PHI storage systems; recouping capital or expenses for PHI data access, PHI storage, and infrastructure; or retrieval of PHI electronic information.

Practice may charge you fees for actual costs that we incur to provide such electronic PHI, but only to the extent authorized by applicable laws. Such fees may include: skilled technical staff time spent to create and copy PHI; compiling, extracting, scanning, and burning PHI to media and distributing the media (with media costs charged to you); and time spent by our administrative staff preparing additional explanations or summaries of PHI. If you request PHI on a paper copy, or portable media (such as compact disc/CD, or universal serial bus/USB flash drive), we may charge you for our actual supply costs for such equipment, and you agree to pay us any such costs.

PATIENT ACCEPTS RESPONSIBILITY FOR ELECTRONIC COMMUNICATION RISKS

You will hold Practice (and our owners, officers, directors, agents, and employees) harmless from and against any demands, claims, and damages to persons or property, losses, and liabilities, including reasonable attorney fees arising out of or caused by E-Communication (whether encrypted or not) and losses or disclosures caused by any of the risks outlined above, by some person or entity other than Practice, or not directly caused by us. Patient acknowledges and understands that, at our discretion, E-Communication may or may not become part of your permanent medical record. These terms do not relieve Practice from Practice's obligations to comply with all applicable E-Communication laws.

You acknowledge that your failure to comply with the terms of this EC Agreement may result in our terminating the use of E-Communication methods with you and may cause the termination of your Agreement for our services.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may disclose your health information. You hereby acknowledge receipt of the Notice of Privacy Practices.

OPEN PAYMENTS DATABASE

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>. For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web

page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.

ADDITIONAL TERMS

This EC Agreement will remain in effect until either Party provides written notice to the other Party revoking this EC Agreement or otherwise revoking consent to E-Communications between the Parties. Such revocation will occur thirty (30) calendar days after written notice of such revocation.

Revocation of this EC Agreement will preclude us from providing treatment information in an electronic format other than as authorized or mandated by applicable law or by you. Either Party may use a copy of this signed original EC Agreement for all present and future purposes.

Parties agree to take such action as is reasonably necessary to amend this EC Agreement from time to time as it is necessary for the Parties to comply with the requirements of the Privacy Rule, the Security Rule, and other provisions of HIPAA, or other applicable law. Parties further agree that this EC Agreement cannot be changed, modified, or discharged except by an agreement in writing and signed by both Parties.

If any term of this EC Agreement is deemed invalid or in violation of any applicable law or public policy, the remaining terms of this EC Agreement shall remain in full force and effect, and this EC Agreement shall be deemed amended to conform to any applicable law.

Each participating Patient (and authorized representative when applicable) must sign this EC Agreement. Your signature represents that you understand and agree to the terms and conditions described within this EC Agreement.

PRACTICE:
UROLOGY CARE CENTER, INC.,
A CALIFORNIA PROFESSIONAL
CORPORATION

Signature: _____
Name: Dr. Cu N. Phan
Title: President
Date: _____

PATIENT:

Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date: _____

UROLOGY CARE CENTER
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to undersigned patient (“Patient”):

Urology Care Center, Inc., a California professional corporation (“Practice”), is required to provide Patient with a copy of Practice’s Notice of Privacy Practices (“Notice”) that states how Practice may use and/or disclose Patient’s health information.

Please sign this form to acknowledge receipt of the Notice.

You may refuse to sign this acknowledgment if you wish.

I acknowledge that I have received a copy of Practice’s Notice of Privacy Practices.

Patient’s name (please print): _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Practice made every effort to obtain written acknowledgment of receipt of the Notice of Privacy Practices from Patient, but it could not be obtained because:

- Patient refused to sign.
- Due to an emergency, it was impossible to obtain an acknowledgment.
- Practice was unable to communicate with Patient.
- Other: _____

UROLOGY CARE CENTER NOTICE OF PRIVACY PRACTICES

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.

Dear Patient:

Urology Care Center, Inc., a California professional corporation (“we”, “us”, “our”, “Practice”), understands that patient (“you”, “your”) privacy is important. This Notice of Privacy Practices (“Notice”) applies to Practice and each of our Business Associates, as applicable.

Protected health information/PHI

Protected health information (“PHI”) relates to information about you and your health, which could be used to identify you. Each time that you visit us, we create a medical record of your PHI and the services that you receive.

Our obligations regarding your PHI

We recognize that information about you and your health is confidential, and we are committed to protecting this information. This Notice applies to all your health records that we create.

We are required by law to preserve the privacy and security of your PHI. While there is no guarantee of privacy, we are committed to protecting your privacy.

We have established reasonable and appropriate measures to protect your PHI against unauthorized uses and disclosures.

Federal law mandates that we share this Notice with you and that we make a good-faith effort to obtain a signed document acknowledging your receipt of this Notice. We are also required to follow the terms of this Notice. If we are involved in a breach of your PHI, we will immediately notify you.

This Notice’s effective date and potential changes

The effective date (“Effective Date”) shall be the date of receipt of this Notice, and it applies to health records that we create for you. We reserve the right to change this Notice after the Effective Date. We can change the terms of this Notice, and the changes will apply to all the information we have about you. The new Notice will be available upon request.

How we may disclose your PHI

The laws of the state where Practice is located, and federal laws, allow disclosures of your PHI in some cases. Some of these disclosures do not require your verbal or written permission. The following information describes how we may share your PHI. We may typically use or share your PHI in these ways:

When we treat you

We can use your PHI and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

As we operate/manage our practice organization

We can use and share your PHI to operate and manage our practice, improve your care, and contact you when necessary.

Example: We use your PHI to manage your treatment and deliver healthcare services.

When we bill for healthcare services

We can use and share your PHI to bill and obtain payment from health plans or other entities or you.

Example: We give information about you to your health insurance plan so it will pay for your services.

When we help with public health and safety issues

We can share your PHI for certain situations such as:

Preventing disease;

Helping with product recalls;

Reporting adverse reactions to medications;

Reporting suspected abuse, neglect, or domestic violence; and

Preventing or reducing a serious threat to anyone's health or safety.

When we perform research

We can use or share your PHI for health research.

To comply with the law

We will share your PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

When we respond to organ and tissue donation requests

We can share your PHI with organ procurement organizations.

When we coordinate end-of-life care and related decisions

We can work with a medical examiner or funeral director regarding your PHI shared.

We can share your PHI with a coroner, medical examiner, or funeral director at end-of-life.

To address other government requests

We can use or share your PHI:

For workers' compensation claims;

For law enforcement purposes or with a law enforcement official;

With health oversight agencies for activities authorized by law; and

For special government functions such as military, national security, and presidential protective services.

To respond to lawsuits and legal actions

We can share your PHI in response to a court or administrative order, or to a subpoena.

How else can we use or share your PHI?

We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. We have not listed every use and disclosure in this Notice. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

We can use and disclose your PHI in certain situations with your verbal or written agreement

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care;

Share information in a disaster relief situation; and

Include your information in a hospital directory.

If you cannot tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

We can use and disclose your PHI in certain situations requiring your written permission

If there are situations that have not been described above, we will obtain your written permission. In these cases, we never share your PHI unless you give us written permission:

Marketing purposes;

Sale of your information; and

Most sharing of psychotherapy notes.

With fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

If you provide us with written permission, you may change your mind at any time. Please let us know in writing if you change your mind.

Your rights regarding your PHI

You have the following rights regarding your PHI that is created in our Practice. This section explains some of your rights and our responsibilities to assist you.

You may request an electronic or paper copy of your PHI medical record

You can ask to see or receive an electronic or paper copy of your medical record and other PHI that we have about you. Ask us how to do this.

We will provide a copy or a summary of your PHI, usually within thirty (30) days of your request. We may charge a reasonable cost-based fee.

Ask us to correct your PHI medical record

You can ask us to correct PHI about you that you think is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we will tell you why in writing within sixty (60) days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone), or to send mail to a different address.

We will say “yes” to all reasonable requests.

Ask us to limit what PHI we use or share

You can ask us not to use or share certain PHI in connection with some of our services, but...

We are not required to agree to your request, and we may say “no” if we believe that would affect your care. Because you are privately paying for some medical or health services, you may ask us to refrain from sharing PHI related to those private pay services with your health insurance plan. We will respect that request unless we are legally obligated otherwise under applicable laws.

You may request a list of who we have shared information

You can ask for a list (accounting) of the times we have shared your PHI for six (6) years prior to the date you ask, who we shared it with, and why.

We will provide one accounting of PHI disclosures for you per year for no charge, but we can charge a reasonable, cost-based fee if you ask for another PHI disclosure accounting within the same year.

The accounting will only contain PHI disclosures required to be reported by law.

Example: PHI disclosures regarding your treatment are not required by law to be reported and will not be in your accounting.

Get a copy of this Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically.

We will provide you with a Notice paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

Ask questions or file a complaint if you believe your rights are violated

If you have questions about this Notice or you believe that your rights are being violated, please contact us immediately:

Practice contact information:

Urology Care Center, Inc.
Attention: Dr. Cu N. Phan
400 Newport Center Dr., Suite 409
Newport Beach, CA 92660
cuphanmd@gmail.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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Please provide as much information as possible so that the Department of Health and Human Services can thoroughly investigate your concern or complaint. We will not retaliate against you for filing a complaint with us, or the Department of Health and Human Services.

Thank you,

UROLOGY CARE CENTER