Notice of Privacy Practices

MY WEIGHT FIRST, LLC d/b/a My Weight First Medical

Version 1.2 | Effective October 26, 2026 | Approved by practice owner October 23, 2026

Identity and effective date

This notice is effective October 26, 2026. It was adopted by the practice owner on October 23, 2026.

This notice applies to MY WEIGHT FIRST, LLC doing business as My Weight First Medical, publicly branded My Weight 1st Medical, at 2600 NW Prairie View Road, Suite A, Platte City, MO 64079.

Privacy Officer (practice owner), My Weight 1st Medical | (816) 393-0110 | contact@myweight1st.com | myweight1st.com

This notice explains how health information about you may be used or disclosed, how you may obtain access to it, and the rights you have. Please read it carefully.

Your rights to access and control information

You may request an electronic or paper copy of medical and billing records in our designated record set. We generally respond within 30 days and may charge a lawful, reasonable, cost-based fee. Some records are excepted from access under law.

You may ask us to amend information that you believe is inaccurate or incomplete. If we deny the request, we will explain the reason in writing, generally within 60 days, subject to legally permitted extensions.

You may request communication at an alternative telephone number, mailing address, or by another reasonable confidential method. We accommodate reasonable requests.

You may ask us to restrict certain uses or disclosures for treatment, payment, or operations. We are not always required to agree. When you pay out of pocket in full for an item or service and request that related information not be shared with a health plan for payment or operations, we honor the restriction unless disclosure is required by law.

You may request an accounting of certain disclosures during the preceding six years. Some categories, including many treatment, payment, and operations disclosures, are excluded. One accounting in a 12-month period is free; additional requests may carry a permitted cost-based fee.

You may receive a paper copy of this notice on request even if you first received it electronically. You may designate a legally authorized personal representative; we verify their authority before acting.

You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you.

Choices and written authorizations

You may tell us your preference about sharing information with family, friends, or others involved in your care or its payment and, when applicable, disaster assistance. If you cannot express a preference, we may act in your best interest as permitted by law.

We generally obtain your written authorization before using or disclosing your information for marketing that requires authorization, sale of protected health information, and most disclosures of psychotherapy notes. You may revoke authorization in writing, except to the extent we have already relied on it.

The practice does not currently operate a hospital directory or a fundraising program. If its practices change, applicable choice, notice, and authorization rights will be observed.

Routine permitted uses and disclosures

Treatment: We use and disclose relevant information with clinicians, pharmacies, laboratories, referral specialists, and others involved in your care. This may include obesity-related conditions and post-bariatric medical management.

Payment: We use or disclose information to verify benefits, seek payment, submit claims, obtain prior authorization, process permitted patient payments, and address billing questions.

Health care operations: We use information for quality assessment, staff training, credentialing, compliance, patient safety, record management, and business administration. Business associates may receive information under applicable safeguards and agreements.

We may contact you about appointments, follow-up care, treatment alternatives, or health-related services when allowed by law.

Other circumstances permitted or required by law

Subject to applicable conditions and safeguards, disclosures may occur for public-health reporting, product recalls, adverse events, abuse or neglect reporting, health oversight, research, workers compensation, organ donation, coroners or funeral directors, authorized law-enforcement requests, specialized government functions, judicial or administrative proceedings, and preventing or reducing a serious threat to health or safety.

Current research practice: My Weight 1st Medical does not currently conduct clinical research or use or disclose patient health information for research purposes. If research is undertaken in the future, any use or disclosure will comply with applicable privacy law, including authorization or an applicable legal exception, and this notice will be revised when required.

We disclose information when a federal or Missouri law requires it. Certain categories of records, including specially protected mental-health, substance-use-disorder, genetic, and other sensitive records, may have additional restrictions. We follow the more protective applicable law where required.

A subpoena does not automatically permit every disclosure. We assess the legal authority, notice, protective-order, court-order, and other prerequisites that apply.

Special protection for Part 2 substance use disorder records

If we receive or maintain patient records protected by 42 CFR Part 2, special federal confidentiality rules may apply. Such records may be used or disclosed only as Part 2 permits, including when valid patient consent or another lawful basis exists.

Protected Part 2 records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against the patient without the patient's specific consent or the appropriate court order and subpoena or other legal process satisfying Part 2.

When applicable, a patient must receive clear advance notice and a choice regarding fundraising communications using Part 2 information. These provisions do not mean the practice operates a federally assisted Part 2 program.

Our privacy responsibilities

We must protect the privacy and security of protected health information, give you this notice, and follow the terms of the notice currently in effect.

If a breach of unsecured protected health information occurs that requires notice, we will notify affected people as required by law.

We will not use or disclose information beyond this notice unless permitted by law or authorized by you in writing. We can change the notice for information we maintain, and a revised notice will be available at our office, on our website, and on request.

Questions and complaints

Contact: Privacy Officer, My Weight 1st Medical, 2600 NW Prairie View Road, Suite A, Platte City, MO 64079; telephone (816) 393-0110; email contact@myweight1st.com.

U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; https://www.hhs.gov/hipaa/filing-a-complaint/.

No patient will be penalized or retaliated against for exercising privacy rights or filing a complaint.