

NOTICE OF PRIVACY PRACTICES

Effective Date: April 15, 2026 | Lesley James, MD | www.lesleyjamesmd.com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

YOUR RIGHTS	YOUR CHOICES	OUR USES
<ul style="list-style-type: none"> • Copy of your medical record • Correct your record • Request confidential communications • Limit what we share • Accounting of disclosures • Copy of this notice • Designate a personal representative • File a complaint without retaliation 	<ul style="list-style-type: none"> • Sharing with family/friends involved in care • Disaster relief • Mental health care • Marketing (written permission required) • Psychotherapy notes (written permission required) 	<ul style="list-style-type: none"> • Treat you • Run our practice • Bill for Services • Public health & safety • Research • Comply with the law • Organ/tissue donation • Workers' compensation & law enforcement • Lawsuits and legal actions

YOUR RIGHTS IN DETAIL

Access & Correction

You may request a copy of your medical record (paper or electronic), usually provided within 30 days. A reasonable fee may apply. You may also request corrections; we may decline in writing within 60 days.

Confidential Communications

We will honor reasonable requests to contact you in a specific way or at a different address.

Limit Sharing & Accounting

You may ask us to restrict use or disclosure of your information. If you pay in full out-of-pocket, you may ask us not to share that information with your insurer. You may also request an accounting of disclosures for up to six years (one free per year).

Representative & Complaints

A person with medical power of attorney or legal guardianship may act on your behalf. To complain, contact us or reach HHS Office for Civil Rights: 1-877-696-6775 | www.hhs.gov/ocr/privacy/hipaa/complaints/ — We will not retaliate.

OUR USES & DISCLOSURES

Treatment, Operations & Billing

We use your information to treat you and manage our practice. Your information may also be shared with other treating providers.

Other Permitted Disclosures

Your information may be shared as required or permitted by law, including for: public health & safety, research, legal compliance, organ donation, workers' compensation, law enforcement, court orders, and government oversight. For more: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/

YOUR CHOICES

Family, Friends & Disaster Relief

Tell us if you want us to share — or not share — your information with family, friends, or others involved in your care or in disaster relief situations.

Requires Your Written Permission

- Marketing purposes
- Sale of your information (We will never sell your information)
- Sharing of psychotherapy notes

You may revoke written permission at any time.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information, notify you promptly of any breach, and follow the terms of this notice. We will not use or share your information beyond what is described here without your written permission.

ELECTRONIC COMMUNICATIONS

△ Security Notice

Email and website contact forms may not be fully secure. Please do not send sensitive personal health information via email or web messaging. By using these channels, you acknowledge this risk.

Communication with your physician should be through the secure patient portal or text app. You may also contact our office by phone.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and apply revised terms to all health information we hold. The current notice is always available at our office and at www.lesleyjamesmd.com.

CONTACT

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This notice is available electronically at our website in compliance with the HIPAA Privacy Rule.