



Mello Elite Wellness

Paul Mello, MD | Founder
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NOTICE OF PRIVACY PRACTICES

Effective Date: June 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.

Mello Elite Wellness LLC is committed to protecting the privacy of your health information. We are required by law to maintain the privacy of your Protected Health Information ("PHI"), provide you with this Notice of our legal duties and privacy practices, and notify you in the event of a breach of your unsecured PHI. We are required to follow the terms of this Notice as currently in effect.

How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose your health information without your authorization:

Treatment

We may use and disclose your health information to provide, coordinate, or manage your health care and related services. This includes sharing information with other healthcare providers involved in your care, such as specialists, laboratories, or pharmacies, as needed to treat you effectively.

Healthcare Operations

We may use and disclose your health information for our practice operations, including quality assessment, practice management, training, and improving the services we provide. For example, we may review your records to evaluate the quality of care you received.

As Required by Law

We may use or disclose your health information when required to do so by federal, state, or local law, including reporting requirements mandated by public health authorities or law enforcement.

Public Health Activities

We may disclose your health information for public health activities, including reporting communicable diseases, adverse events, or product defects to authorized public health authorities as required by law.

Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections necessary for oversight of the healthcare system.

Legal Proceedings

We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable legal protections.

Law Enforcement

We may disclose your health information to law enforcement officials for limited purposes as permitted by law, such as reporting certain types of wounds or injuries, or as required by court order.

Serious Threats to Health or Safety

We may use or disclose your health information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is to someone reasonably able to prevent or lessen the threat.

Business Associates

We may share your health information with third-party vendors and service providers ("Business Associates") who perform services on our behalf, such as billing, technology support, or laboratory processing. These parties are required by law to protect your information and may only use it for the specific services they provide to us.

Uses and Disclosures Requiring Your Authorization

The following uses and disclosures of your health information will only be made with your written authorization:

- **Marketing purposes:** We will not use or disclose your health information for marketing without your explicit written consent
- **Sale of health information:** We will not sell your health information to any third party
- **Most uses of psychotherapy notes:** if applicable to your care
- **Any use or disclosure not described in this Notice**

You may revoke any written authorization you provide to us at any time, except where we have already taken action in reliance on the authorization.

Your Rights Regarding Your Health Information

You have the following rights with respect to your health information. To exercise any of these rights, please submit a written request to our Privacy Contact listed at the end of this Notice.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your health information that we maintain in a designated record set. We may charge a reasonable fee for copies. We will respond to your request within 30 days. In limited circumstances we may deny access; if so, we will explain the reason and your right to request a review of the denial.

Right to an Electronic Copy

If your health information is maintained in electronic form, you have the right to receive an electronic copy of that information in a format that is readable and accessible to you.

Right to Request an Amendment

If you believe your health information is incorrect or incomplete, you may request that we amend it. We will respond within 60 days. We may deny your request under certain circumstances, but we will explain why in writing.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your health information in the six years prior to your request. This accounting does not include disclosures made for treatment, payment, or healthcare operations, or disclosures made with your authorization.

Right to Request Restrictions

You have the right to request that we restrict how we use or disclose your health information for treatment, payment, or healthcare operations. We are not required to agree to a restriction except in the case of a request to restrict disclosure to a health plan when you have paid for the service in full out of pocket. If we agree to a restriction, we will comply with it except in emergency situations.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information in a specific way or at a specific location. For example, you may request that we contact you only at a certain phone number or email address. We will accommodate reasonable requests.

Right to Receive Notice of a Breach

You have the right to receive notification in the event that we discover a breach of your unsecured protected health information. We will notify you in writing without unreasonable delay and within 60 days of discovering the breach.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Please contact us and we will provide one promptly.

Our Duties

Mello Elite Wellness LLC is required by law to:

- **Maintain the privacy and security of your protected health information**
- **Provide you with this Notice of our legal duties and privacy practices**
- **Follow the terms of the Notice that is currently in effect**
- **Notify you promptly in the event of a breach of your unsecured protected health information**

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information we maintain. Revised Notices will be made available upon request and posted at our practice location.

How to File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint.

To file a complaint with us, please contact:

Privacy Contact: Paul Mello, MD

Mello Elite Wellness LLC
2234 N. Federal Hwy, Suite 5069, Boca Raton, FL 33431
Phone: 561-571-2182 | Fax: 561-437-8398
Email: dr.paulmello@melloelitewellness.com

To file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W., Washington, D.C. 20201
Toll Free: 1-877-696-6775 | Website: www.hhs.gov/ocr/privacy/hipaa/complaints

Effective Date and Revisions

This Notice of Privacy Practices is effective June 1, 2026. Mello Elite Wellness LLC reserves the right to revise this Notice. Any revised Notice will be made available at our practice location, provided to patients upon request, and will apply to all health information we maintain at the time of the revision.

Patient Acknowledgment

By signing below, I acknowledge that I have received, read, and had an opportunity to ask questions about this Notice of Privacy Practices. I understand how Mello Elite Wellness LLC may use and disclose my protected health information.

Patient Signature

Date

Printed Name

If you decline to sign this acknowledgment, please note that we are still required to provide you with this Notice and to follow its terms. Your refusal to sign does not affect your right to receive treatment.