



Notice of Privacy Practices

Your Information - Your Rights - Our Responsibilities

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.

Cultura Health is a health and human services system that includes community health centers and pharmacies. This Notice describes the information privacy practices followed by our health system employees, staff, and office personnel at Cultura Health, Cultura Health Pharmacy, and other associated entities. The purpose of this Notice is to tell you how we share your information and how you can find out more about our sharing practices, including your rights and our obligations regarding the use and disclosure of your information. This Notice does not apply to non-health care functions such as those related to lifestyle, advocacy, education, employer, and outreach events.

This Notice is available on our website and may be shared with you before your first visit. On our registration form, you will consent to having received this Notice at your first visit. Please review carefully and if you have any questions, please contact the Privacy Officer:

Address: 634 W Cavalcade Street Unit 8826 Houston, TX 77249

Phone: (832) 478-4524

Email: compliance@culturahealth.org

WE WILL PROTECT YOUR PRIVACY

We are required by law to maintain the privacy of your protected health information. This notice applies to the information and records we have about who you are; where you live; your past, present, and future medical conditions; your health, health status, mental health care, mental health status, alcohol, and other drug treatment status; the prescriptions you have received; and services you receive from our employees (referred to as your “protected health information” or “PHI”). We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties. For instance, we are required to notify you in the unlikely event there is a breach of your protected health information and we are required to follow this Notice. A copy of this Notice can be obtained from the front desk staff or the Privacy Officer. We reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all protected health information maintained by us.



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HOW WE TYPICALLY SHARE YOUR HEALTH INFORMATION

We typically use and share your PHI in the following ways:

- **Your Authorization.** Except as outlined below, we will not use or disclose your health information for any purpose without your specific written authorization. If you sign a HIPAA Authorization for Release of Information for us to use or disclose your health information, you may revoke that Release, in writing, at any time. You may orally revoke the Release if we take actions in reliance on your request. If you revoke your Release, we will no longer use or disclose information about you for the reasons covered by your written Release, but we cannot take back any uses or disclosures already made with your permission.
- **To Treat You.** We may use your PHI to provide, coordinate, and manage your treatments, prescriptions, and services. We may also provide subsequent healthcare providers with copies of various records, reports, or summaries that assists them in treating you. We may release or receive your health information to other healthcare facilities not affiliated with our organization that also provides care to you. For instance, if your dentist requests certain records coordinate care, we will provide them with the records requested. We will require you sign authorization Release before disclosing your psychotherapy notes, unless permitted or required by law.
- **To Bill For Your Services.** We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, Cultura Health, or another third party.
- **To Run Our Organization.** We may use and disclose health information about you for our healthcare operations and make sure that you and our other patients receive quality care, as well as compliance activities, credentialing and licensure review, case management, medical review, legal and auditing services, and business management and general administrative activities.
- **Research.** We may use and disclose your health information for research purposes. For instance, a research organization may wish to compare outcome of all patients that received a particular drug and will need to review your medical record. Your confidentiality will be protected by strict confidentiality requirements promulgated by the Institutional Review Board or the privacy board overseeing the particular research. When necessary for research purposes and so long as the PHI does not leave our organization, we may disclose your health information to researchers preparing to conduct a research project. We also may disclose your PHI to researchers after your death. Those receiving your information must abide by Ohio & Texas law.



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- **Marketing.** We will require written consent for marketing communications unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder or appointment reminder, is what we consider general health or wellness information, or a communication about health-related products or services that we offer or that are directly related to your treatment.
- **Appointment Reminders & Services.** We may contact you to provide reminders to pick up your prescriptions or regarding an upcoming appointment. We may also share certain test results with you. We will only do so if you indicate on your registration form or to your provider that you wish to receive such reminders and results.
- **Business Associates.** Certain services are performed by outside persons or organizations with whom we contract, such as legal services, auditors, health record vendors, etc. At times it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations who assist us. In all cases, we require these business associates to appropriately safeguard the privacy of your information, and enter into an agreement with the business associate memorializing such commitment.

USES & DISCLOSURES MADE WITH YOUR CONSENT OR OPPORTUNITY TO OBJECT

- **Family and Friends.** We may disclose health information about you to your family members and friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may assume you agree to our disclosure of your personal health information to an individual when you bring that individual with you into the exam room during treatment or while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.
- **Communications.** We may communicate to you via newsletters, mailings, and other means regarding treatment options: information on health-related benefits or services, disease-management programs, wellness programs, to assess your satisfaction with our services, as part of fundraising efforts, for population-based activities relating to training programs or reviewing competence of health care professionals, or other community based initiatives or activities which we are participating. If you are not interested in receiving these communications, please contact the Privacy Officer.



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- **State Protections.** State law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition; before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program; and before disclosing information about mental health services you may have received.
- **Fundraising.** We may contact you to donate to a fundraising effort for or on our behalf. You have the right to “opt-out” of receiving fundraising materials/communications, contact the Privacy Officer by telephone at (832) 478-4524 or at compliance@culturahealth.org.

HOW ELSE CAN WE SHARE YOUR HEALTH INFORMATION?

We may use or disclose health information about you without your permission for the following purposes:

- For any purpose required by law;
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- As required by law if we suspect child abuse or neglect; we may also release your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury (in most cases you will receive notice that information is disclosed to your employer);
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- If required to do so by subpoena or discovery request (in some cases you will have notice of such release);
- To law enforcement officials as required by law to report wounds and injuries and crimes; • To coroners and/or funeral directors consistent with law;
- If necessary to arrange an organ or tissue donation from you or a transplant for you;
- In limited instances if we suspect a serious threat to health or safety;
- If you are a member of the military as required by armed forces services; we may also release your PHI if necessary for national security or intelligence activities; and
- To workers’ compensation agencies if necessary for your workers’ compensation benefit determination.
- When necessary to prevent a serious threat to the health and safety of you, another person, or the public.
- When information about you in a way that does not personally identify you or reveal who you are.
- When certain services are performed through contracts with outside companies and organizations. In performing these contracts, we may need to provide the companies with your health information. We will always enter into a Business Associate Agreement with these companies to ensure that they are also safeguarding your information.



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YOUR RIGHTS

You have the following rights regarding health information:

- **Right to Access and Receive a Copy of Your Medical Record.** You have the right to inspect and receive a copy of your records. We ask that you submit these requests in writing to our Medical Records Manager. We may charge a reasonable fee to cover the costs of your request, but we will let you know in advance. We may deny your request in some circumstances, in which case, you may request that the denial be reviewed. You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information.
- **Right to Amend Your Medical Record.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing to our Medical Records Manager. You have the right to request an amendment for as long as we keep the information. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information. To request this list of disclosures, you must submit your request in writing to the Medical Records Manager. Your request must state a time period, which may not be longer than six years. We may charge you for the costs of providing the list, but we will let you know in advance. When you request an accounting of disclosures of your electronic health record, the accounting will be for three years prior to the date of the request for the accounting and will include, in addition to all types of disclosures listed in the general policy, disclosures for treatment, payment and health care operations.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about your treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We ask that you submit these requests in writing to our Medical Records Manager. We are not required to agree to your request, but we will accommodate your request if reasonable. If we do agree to your request, we will comply except in certain emergency situations or as required by law.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. If you do not wish to participate or wish for us to only contact you by certain means, you may notify us in writing, by telephone, or in person. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice.



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EXCHANGE

Your protected health information may be disclosed to an approved Health Information Exchange to facilitate the provision of health care to you. Health Information Exchange allows health care professionals and patients to appropriately access and securely share medical information electronically. The approved Health Information Exchange is required to maintain appropriate administrative, physical, and technical safeguards to protect the privacy and security of protected health information. Only authorized individuals may access and use protected health information from the approved health information exchange.

Cultura Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of Cultura Health OCHIN supplies information technology and related services Cultura Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Cultura Health with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed. **CHANGES TO THIS NOTICE** We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect, and it is also available at culturahealth.org. **COMPLAINTS OR UNAUTHORIZED RELEASE** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer, at Cultura Health. You will not be penalized for filing a complaint. In the unlikely event that there is a breach of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

ACKNOWLEDGMENT

You will be asked to sign an acknowledgment form that you received this Notice of Practice Practices.



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CLIENT RIGHTS & RESPONSIBILITIES

RIGHTS:

- You have the **RIGHT** to receive services without discrimination based on race, color, religion, creed, national origin, gender, gender-identity and expression, sexual orientation, age, disability, HIV status, genetic information, political affiliation, marital status, union activity, military, veteran, and economic status. Any and all discrimination should be reported immediately to any staff for immediate resolution.
- You have the **RIGHT** to be informed of reasons for the denial or discontinuation of services.
- You have the **RIGHT** to include persons of support in your medical care and appointments. A source of support may include a spouse, family member, friend, or other trusted individual.
- You have the **RIGHT** to receive services in the least restrictive and feasible environment, which includes a right to communication services if necessary.
- You have the **RIGHT** to receive accurate referrals, needed support, and information from Cultura Health staff.
- You have the **RIGHT** to be informed of your condition.
- You have the **RIGHT** to receive assistance based on need, requirements, and availability of services.
- You have the **RIGHT** to be informed of, and to refuse any, unusual or hazardous treatment procedures.
- You have the **RIGHT** to freedom from physical restraint.
- You have the **RIGHT** to feel safe when at Cultura Health and with Cultura Health staff.
- You have the **RIGHT** to be informed of all patient and client rights and to receive a copy of the Client Rights and Responsibilities.
- You have the **RIGHT** to exercise your rights without reprisal.
- You have the right to consult with an independent treatment specialist or legal counsel at your own expense.
- You have the **RIGHT** to receive respectful treatment from Cultura Health staff with consideration given to personal dignity, autonomy, and privacy.
- You have the **RIGHT** to access your records and personal identifying information kept confidential within the limitations and requirements for disclosure of patient or client information under state and Federal laws and regulations.
- You have the **RIGHT** to be advised of and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television broadcasting, movies, and/or photographs.
- You have the **RIGHT** to receive assistance getting your Primary, HIV, Pharmacy, Housing, Sexual Health Education, Case Management, and Mental Health Care needs met at Cultura Health, and to participate in the development and review of your treatment/service plan, and obtain a copy of the plan.
- You have the **RIGHT** to be informed as to the composition of your service delivery team.
- You have the **RIGHT** to receive information regarding services and treatment given by Cultura Health staff.
- You have the **RIGHT** to receive oral and written instructions on the Cultura Health grievance procedure and present your grievances relating to Cultura Health.
- You have the **RIGHT** to know the cost of services provided by Cultura Health and to request financial assistance if it is needed.
- You have the **RIGHT** to be free from financial or other exploitation, retaliation, humiliation, and neglect.
- You have the **RIGHT** to file a grievance in accordance with program procedures.
- You have the **RIGHT** to timely, adequate care in a crisis or emergency. Please contact 911 if you are having a medical emergency.



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RESPONSIBILITIES:

- You have the **RESPONSIBILITY** to follow up on other resources to cover health-related needs not addressed by Cultura Health.
- You have the **RESPONSIBILITY** to provide accurate and complete information about present and past illnesses, hospitalizations, medications, and other matters related to your health and support system, as well as report changes in your health, finances, and benefit eligibility.
- You have the **RESPONSIBILITY** to keep staff updated with your address, phone numbers, income, and insurance status (including Medicaid/Medicare).
- You have the **RESPONSIBILITY** to practice healthy habits and never knowingly spread diseases.
- You have the **RESPONSIBILITY** to keep scheduled appointments with your primary Cultura Health staff member and, and when necessary, update your paperwork at least every six months. Patients or Clients in Case Management must update the following paperwork every 6 months before assistance can be given: Authorization/Release of Information, Individual Service Plan, Ryan White Data Intake, current identification, and verification of residency and financial eligibility. Depending on the program requirements, updates will vary.
- You have the **RESPONSIBILITY** not to threaten, harm, or endanger others with your behavior. Cultura Health staff may respond to any action or threat perceived as dangerous by notifying the appropriate authorities, including the police. No weapons will be tolerated in any Cultura Health buildings, or at any Cultura Health event. Failure to abide by this responsibility may result in your services being reduced, restricted, and/or terminated.
- You have the **RESPONSIBILITY** to report when your rights have been violated and to present any unresolved grievance to the Client Rights Officer (832) 478-4524, M-F, 9-6.
- You have the **RESPONSIBILITY** to refrain from any form of verbal or physical abuse, including harassment, of any patient or client, or Cultura Health staff. Failure to abide by this RESPONSIBILITY may result in your services being reduced, restricted, and/or terminated.
- You have the **RESPONSIBILITY** to show respect to the building and property of Cultura Health or any agency hosting Cultura Health events.
- You have the **RESPONSIBILITY** to keep confidentiality regarding all other patients or clients seen in support groups or visiting Cultura Health sites or activities.
- You have the **RESPONSIBILITY** to participate in the development and completion of your treatment/service plan along with Cultura Health staff.
- You have the **RESPONSIBILITY** for your actions when you either consent or refuse any treatment, service, or therapy.
- You have the **RESPONSIBILITY** to seek facts and ask questions about anything you do not understand. Let us know immediately if we have not made all information completely clear to you.
- You have the **RESPONSIBILITY** to either pay the cost of services or work with staff on other billing options.
- You have the **RESPONSIBILITY** to pay applicable sliding fees and copays.



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CLIENT GRIEVANCES

PURPOSE. The purpose of this policy is to provide a mechanism for clients, patients, donors, and event participants (hereinafter in this section referred to as “clients”) to formally and internally report and resolve issues with the services Cultura Health provides. By taking advantage of the client grievance process, clients are provided written feedback and assurance from executive staff within Cultura Health.

1. **“Complaint”** - means an oral or written expression of displeasure or dissatisfaction with service received that can be immediately resolved by the staff present.
 - **“Client Rights Officers”** - means the Compliance Officer or the Client Experience Specialist at Cultura Health, who can be reached at (832) 478-4524 or compliance@culturahealth.org.

POLICY. Clients must have the ability to file a Complaint or Grievance as part of the client rights process. Clients registering Complaints and/or Grievances shall not be subjected to retaliation and/or barriers to service or participation. Cultura Health’s policies for managing Complaints and Grievances incorporates the following objectives:

1. Provide clients with a mechanism for filing Complaints and Grievances without fear of retaliation and/or barriers to service.
2. Provide clients with information about the mechanism and procedure to use to file a Complaint or Grievance with Cultura Health.
3. Provide a planned, systematic mechanism for receiving and promptly acting upon issues expressed by patients and/or patient representatives.
4. Provide an on-going system for monitoring and trending client Complaints and Grievances.
5. Clarify that billing issues are not considered a Grievance unless the Complaint also contains elements addressing client service or care issues.

PROCEDURES. All staff are expected to follow the procedures outlined below concerning client grievances at Cultura Health.

1. **Client Notification.** Clients should be notified by Cultura Health staff that they have the right to submit an official Client Grievance during registration/admission to any of our practices.
2. **Client Complaint.** Clients should be encouraged to express any and all complaints with the Cultura Health staff member involved in their care. Many times, staff involved or staff supervisors can resolve an issue without the filing of a formal complaint. If, however, an issue cannot be immediately resolved, a client should be asked to complete a written grievance.
3. **The Grievance.** A written grievance (dated and signed) can be submitted to the Compliance Officer and/or the Client Experience Specialist within 2 weeks of an incident. The Clients Rights Officers must investigate the incident.
4. **The Resolution.** The Compliance Officer will then make a resolution decision within 21 calendar days of receipt of written grievance and provide written notification and explanation of the resolution to the griever.
5. **The Appeal.** An appeal regarding the resolution decision of the Compliance Officer may be submitted to the Chief Policy & Strategy Officer. Notice of such an appeal must be made in writing within 10 days of the Clients Rights Officers’ decision. The decision by the applicable Director and the Chief Policy & Strategy Officer will be final.



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STAFF EXPECTATIONS. All staff shall be made aware of the Client Grievance Procedure. Program staff that are not in conflict with the situation will assist clients in filing the grievance. Staff will ensure that clients know who the Clients Rights Officers are and that clients understand the Grievance Procedure. Cultura Health shall maintain for at least two years records of written grievances received that include, but are not limited to, the following a copy of the grievance, documentation of the resolution of the grievance, and a copy of a letter to the client reflecting the resolution of the grievance

RELATED DOCUMENTS.

- Client Grievance Brochure
- Client Grievance Form

Social Media Privacy Policy

The integrity of your Personal Health Information (PHI) is important to us. You are hereby notified that any self-publication (including the posting, broadcast or transfer) of your PHI, that reveals or otherwise contains individually identified provider information posted on a blog, internet website, or other printed/electronic form or forum, constitutes a waiver of any protections afforded such PHI under HIPAA, as well as any other applicable regulations, rules or laws. Further, any self-publication of your PHI permits provider to respond to the original publications to the extent necessary to defend, limit and challenge the factual assertions contained within such publications. Any and all comments and publications will be considered self-disclosed/waived protections of your PHI to the extent such publication is made.

Website Privacy Policy

Cultura Health is committed to maintaining your confidence and trust. With that in mind, the following Privacy Policy is in place to protect personal information you may provide on our website. If you have any questions about this Privacy Policy or any concerns about the privacy of your personal information, Cultura Health's Privacy Officer can be reached by email at compliance@culturahealth.org, by phone at (832) 478-4524, and by mail at:

Cultura Health

Attn: Privacy Officer
634 W Cavalcade Street, Unit 8826, Houston, TX 77249

YOUR USE OF THE SITE INDICATES THAT YOU AGREE TO THIS PRIVACY POLICY. IF YOU DO NOT AGREE TO THIS PRIVACY POLICY, DO NOT USE THE SITE.

Personal Information Collected: The type of information collected on our website varies, but "personal information" may include: demographic information like name, email address, mailing address, date of birth, or phone number; medical information that you provide to us; financial information like credit card, banking information, or other payment information that you provide to us or our authorized third-party payment processors to conduct the "GIVE" option on the website; your personal interests; and non-personal information like internet connection information, IP addresses, operating system information, browser type and version, and network connectivity information, or other non-identifying information stored in cookies that we enable on our website.



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How Your Personal Information Is Shared Externally: We will not share your personal information with other organizations or businesses for fundraising purposes outside Cultura Health without your express written consent. We may share your personal information with our third-party software vendors to provide newsletters and other communications that you subscribe to on our website regarding our services, and with our third-party payment processors which assist us in processing your payment when making any donations to our organization. We do not sell, trade, or rent personal information to others. The in-house database housing your personal information is password protected and only accessible by authorized staff members and/or others given written authorization to access such information.

How Your Personal Information Is Shared Internally: We may use your personal information to improve customer service, improve user experience and our website's design and functionality, to send you mailings or emails that you have subscribed to regarding various events, services, newsletters, program updates, and advocacy-related activities. We also may use your personal information to communicate with you regarding donations made or services rendered to you through the website.

Email and Mail List: If you enroll to receive email communications from Cultura Health, you have the option to unsubscribe from the emails by clicking the "unsubscribe" hyperlink in the email. Follow the instructions to complete the process. You also can unsubscribe by emailing info@culturahealth.org or by calling (832) 478-4524. You may also be enrolled in our mailing communications list and receive communications from Cultura Health in the postal mail. If you wish not to receive these mailings, request so in an email to info@culturahealth.org or by calling (832) 478-4524.

Donor Recognition: Cultura Health may, from time to time, publish names and gift levels as a way of publicly thanking our donors. Corporate gifts will be omitted from such lists if the donor requests that the gift be anonymous. In addition, donors may request that their gifts be listed as anonymous by noting such online or requesting so in writing by emailing info@culturahealth.org or by calling (832) 478-4524.

HIPAA Compliance: To the extent you provide or we collect your "protected health information" (as defined by HIPAA) in the Patient Portal, we will only use or disclose such protected health information in accordance with our Notice of Privacy Practices you receive during your first visit to Cultura Health, Cultura Health Medical Center, or Cultura Health Pharmacy. If you did not receive the Notice of Privacy Practices you can request a copy via email: compliance@culturahealth.org or by calling (832) 478-4524.

Security: We have adopted reasonable data collection, storage, and processing practices and security measures to protect against unauthorized access, alteration, or disclosure of your personal information, username, password, transaction information, and data stored on our website. Despite Cultura Health's efforts to protect your personal information, there is always some risk that an unauthorized third party may find a way around our security systems, and you acknowledge these inherent risks before using the website. We do not make any representations or warranties of any kind related to the security of the website, any third-party site or payment processor's website, or your information stored on the website.

Lastly, you may change your personal information at any time. Please contact a Cultura Health representative at info@culturahealth.org or by calling (832) 478-4524 if you wish to make any changes.