

## Notice of Privacy

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes the limits to which Pure Wellness Centers may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of my system, unless the release is required or authorized by law or regulation.

### **Acknowledgment of Receipt of this Notice**

Each patient is asked to sign a consent form referencing this notice.

### **Our Duties to You Regarding Protected Health Information**

"Protected Health Information" is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. I am required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of my legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for health information I already have about you as well as any information I receive in the future.

### **How We May Use or Disclose Protected Health Information**

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

#### Required Uses and Disclosures

By law, I must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. I must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of my compliance with laws on the protection of your health information.

#### Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, I may disclose your protected health information to another physician, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

#### Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

### Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:  
Prevent or control disease, injury, or disability.

Report births and deaths.

Report child abuse or neglect.

Report reactions to medications or problems with products.

Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Notify the appropriate government authority if I believe a patient has been the victim of abuse, neglect, or domestic violence.

### Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition. We will first contact you about this.

### Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

### Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

Report adverse events, or problems and product defects and deviations.

Track products.

Enable product recalls.

Make repairs or replacements.

### Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

Responses to legal proceedings

Circumstances pertaining to victims of a crime

Deaths suspected from criminal conduct

Crimes occurring at this site

Medical emergencies not on our premises believed to result from criminal conduct

### Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

### Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. Some state laws also restrict such disclosures. We will abide by all laws related to your privacy, and will only make disclosures consistent with such laws.

### **Uses and Disclosures of Protected Health Information Requiring Your Permission**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

### Individuals Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's

involvement in your health care. We may also give information to someone who helps pay for your care. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

### **Your Rights Regarding Your Health Information**

You may exercise the following rights by submitting a written or email message to us.

#### Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that we use for making decisions about you. To request your medical information, contact us in writing. If you do so, and want copies, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. This right does not include inspection and copying of information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

#### Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or other health care operations. We will endeavor to honor your requested restriction. However, if we reasonably believe that the restriction is not in the best interest of either party, or we cannot reasonably accommodate the request we have the right not to agree.

#### Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests when possible.

#### Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendments, we are not required to agree to the amendment.

#### Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, or to family members or friends involved in your care. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

### **Additional Resources**

U.S. Department of Health and Human Services  
200 Independence Ave. SW  
Washington, D.C. 20201  
[www.hhs.gov](http://www.hhs.gov)