

Health & Vitality's Notice of Privacy Practices

Created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Health & Vitality (known as H&V throughout this document) notice of disclosure in how health information about you, as a patient of H&V may be used and disclosed, and how you may access your health information. **This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).**

H&V is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

Although these laws appear complicated, we must provide you with the following important information:

Regarding the use and disclosure of your health information in certain special circumstances. Please continue to read the circumstances as listed.

- To public health authorities and health oversight agencies that are authorized by law to collect information.
- Lawsuits and similar proceedings in response to a court or administrative order.
- Required to do so by law enforcement official.
- If necessary to reduce or prevent a serious threat to your health and the safety or health and the safety of another individual or the Public. Only then would H&V make disclosures to a person or organization able to prevent the threat.
- If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- Federal officials for intelligence and national security activities authorized by law.
- Correctional institutions or law enforcement officials, if you are inmate or under the custody of a law enforcement official.
- For Workers Compensation and similar programs.

Your rights regarding your health information

You have the right to request that H&V communicate with you about your health and related issues in a manner or at a certain location. You may ask that we contact you at home, rather than work.

You have the right to request that H&V restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. H&V is not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including Patient medical records and billing records, but not including psychotherapy notes.

You must submit your request in writing to H&V.

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H&V must respond to this request within 30 days.

You may ask H&V to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by H&V. To request an amendment, your request must be made in writing and submitted to H&V.

You are required to provide H&V with a reason that supports your request for amendment.

H&V must respond within 60 days. The Privacy Officer or the patient's physician will provide this. If the physician believes the information is complete and accurate; the physician can refuse to make any changes.

You are entitled to receive a copy of this Notice of Privacy Practices. You may request H&V to provide you a copy of this Notice at any time.

To obtain a copy of this notice, please contact H&V.

If you believe your privacy rights have been violated, you may file a complaint with H&V or with the Secretary of the Department of Health and Human Services Center. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

H&V will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact H&V to discuss.

I have received and reviewed the Notice of Privacy Practices

Patient Name (PRINT) _____

Patient Signature _____

Date: _____