

## **AMERICAN HEALTH AND WELLNESS CENTER NOTICE OF PRIVACY PRACTICES**

Effective Date: August 1, 2013

**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.**

### **OUR OBLIGATIONS**

We are required by law to:

- Maintain the confidentiality of protected personal health information;
- Give you this notice of our legal duties and privacy practices regarding personal health information about you; and
- Follow the terms of our notice that is currently in effect. All health care professionals and employees of American Health and Wellness have read the notice of privacy policy and have been trained in the area of patient record privacy. A privacy official has been designated to enforce those procedures in our office.

### **HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION**

The following categories of activities describe the ways that we may see and disclose personal health information that identifies you. Some of these categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, we will use or disclose personal health information about you only with written permission/authorization from you. If you give us permission at any time by sending a written request to our Privacy Officer at the address listed at the end of this notice. However, we may release or use personal health information about you in reliance on your authorization at any time before receiving your notice of revocation. We will not sell or market your personal health information without authorization.

#### **A) For Treatment**

We may use personal health information to assist in the provision of health care services. We may disclose personal health information to doctors, nurses, technicians, or other personnel, including people outside of American Health and Wellness Center who may be involved in your medical care. For example, we may give personal health information to your doctor to assist you as appropriate for treatment purposes.

#### **B) For Payment**

American Health and Wellness Center and its workforce may disclose personal health information about you so that we or others may bill or receive payment from you, from a government program, an insurance company, or other

responsible third party for treatment and services you receive. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

C) For Health Care Operations

We may use and disclose personal health information to support business activities that are necessary to maintain high quality care to patients and for our business and management purposes. The activities include:

- Reviewing the adequacy and quality of the care that our patients receive, and the efficiency of our activities;
- Developing clinical guidelines for our services;
- Evaluating clinical outcomes for our services;
- Administrating system operations;
- Conducting training programs for our services;
- Conducting or arranging for medical review, legal services and auditing functions.

D) Individuals Involved in Your Care or Payment for Your Care

We may disclose personal health information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend.

E) Business Associates

We may disclose personal health information to the business associates that we engage to provide services for your care if the information is necessary for such services. For example, we may use another company to perform billing services on our behalf. Our business associates are obligated, by contract, to protect the privacy of your information and are not allowed to use or disclose any information other than as permitted or required by the contract or as permitted or required by law.

F) Health Oversight Activities

We may disclose personal health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of health care facilities and providers. The activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

G) As Required by Law

We will disclose personal health information when required to do so by international, federal, state or local law.

H) We may contact you by email, mail, or telephone

To remind you of appointments or to tell you about treatment options or alternatives or health-related benefits, services, and products that may be of interest to you. We may contact you by email, text message, or telephone to

provide treatment reminders and general health and wellness tips related to your therapy or specific suggestions for your treatment. If you allow others to have access to your text or e-mail messages, this information will be available to them as well.

In addition to the above, we may use and disclose personal health information in the following rare, special circumstances, some of which may never occur:

I) Lawsuits and disputes:

As required by law, we may disclose personal health information in response to a court or administrative order. We also may disclose personal health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**YOUR RIGHTS**

You have the following rights, subject to certain limitations, regarding personal health information we maintain about you:

A) Right to inspect and copy

You have the right to inspect and copy personal health information that may be used to make decisions about your care or payment for your care. If we use or maintain an electronic health record about you, you may obtain a copy of your information in electronic format. We may not charge you more for a copy or a summary in electronic format than our labor costs in responding to the request for the copy. You may also direct us to transmit an electronic copy directly to an entity or person designated by you, as long as your designation is clear, conspicuous, and specific

B) Right to amend

If you feel that personal health information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is maintained by or for us. You must tell us the reason for your request.

C) Right to an accounting of disclosures

You have the right to request an accounting of certain disclosures of personal health information we made.

D) Right to request restrictions

You have the right to request a restriction or limitation of personal health information that we use or disclose for treatment, payment, or health care operations. You have the right to request a limit on the personal health information that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about your treatment with your spouse.

We are not required to agree to your request, except that we must comply with a request from you not to disclose your personal health information to a health plan if you have paid for these services upfront and out of pocket.

E) Right to request confidential communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

F) Right to a paper copy of this notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of our current notice at our website, [www.AMHWell.com](http://www.AMHWell.com)

G) Right to notification of breach

You have the right to be notified immediately following any breach of your private personal health information

**HOW TO EXERCISE YOUR RIGHTS**

Only our Privacy Officer can grant your request to exercise any of your rights described in this notice. To exercise any of your rights, you must send a request, in writing, to our Privacy Officer. You will not be penalized for exercising your rights.

Linda Rakosi  
130000-B Franklin Farm Road  
Herndon VA 20172

**NO OTHER PERSON IS AUTHORIZED TO GRANT ANY REQUEST TO EXERCISE THE RIGHTS DESCRIBED IN THIS NOTICE.**

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for personal health information we already have as well as any information we receive in the future. The notice will contain the effective date under the title "Notice of privacy practices for medical information." Copies of any revised notice will be provided upon written request, and our current notice will be posted on [www.amhwell.com](http://www.amhwell.com)

**PATIENT HEALTH INFORMATION CONSENT FORM**

I have read the Notice of Privacy Policy provided by American Health and Wellness Center and I understand my rights and how my personal health information will be used. I agree to these policies and procedures.

Print Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Patient Name: \_\_\_\_\_