Notice of Privacy Practices

Our practice is dedicated to maintaining the privacy of your *protected* health information, or PHI. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your protected health information (PHI).

We may use and disclose your PHI in the following ways:

1. Treatment – Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis.
2. Payment – Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.
3. Public Health Risks – Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

* Reporting child abuse or neglect.
* Preventing or controlling disease, injury or disability.
* Notifying a person regarding potential exposure to a communicable disease.

1. Lawsuits and Similar Proceedings – Our practice may use your PHI in response to a court or administrative order, if you are involved in a lawsuit.
2. Law Enforcement – We may release PHI if asked to do so by a law enforcement official.
3. Serious Threats to Health or Safety

You have the following rights regarding the PHI that we maintain about you:

1. Confidential Communications – You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location.
2. Inspection and Copies – You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to your physician in order to inspect and or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
3. Right to File a Complaint – If you believe your privacy rights have been violated, you may file a complaint with our practice. All complaints must be submitted in writing.
4. Right to provide an authorization for other uses and disclosures – Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in *writing*.

By signing my name I acknowledge having reviewed We ARE Health’s Notice of Privacy Practices and my agreement with the terms.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_