

FAMILY INTEGRATIVE HEALTHCARE NETWORK

Acknowledgement of Receipt of Privacy Practices

I hereby acknowledge that I have received a copy of Family Integrative Healthcare Network's Notice of Privacy Practices and accept such notice

Printed Name of Patient or Guardian

Date

Signature of Patient or Guardian

Date

I refuse acceptance of Family Integrative Healthcare Network's Notice of Privacy Practices.

Reason for refusal: _____

Printed Name of Patient or Guardian

Date

Signature of Patient or Guardian

Date

FAMILY INTEGRATIVE HEALTHCARE NETWORK

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- **TREATMENT** means providing, coordinating or managing health care and related services by one or more health care providers. Examples of treatment would include breathing treatments, immunizations, diagnostic testing services, etc.
- **PAYMENT** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be billing your insurance plan for your medical services.
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- **HEALTH CARE OPERATIONS** include business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related issues, and/or provide information to friends and family members that are directly involved in your care or who assist in taking care of you. We will use and disclose your protected information when we are required to do so by federal, state or local law. We may disclose your **PROTECTED HEALTH INFORMATION** to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute but only if we have made an effort to inform you of the request to obtain order protecting the information the party has requested. We will release your **PROTECTED HEALTH INFORMATION** if requested by law enforcement official for any circumstance required by law. We may release your **PROTECTED HEALTH INFORMATION** to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order to for funeral directors to perform their jobs. We may release **PROTECTED HEALTH INFORMATION** to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor. We may use and disclose your **PROTECTED HEALTH INFORMATION** when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your **PROTECTED HEALTH INFORMATION** to deferral officials for intelligence and nation security activities authorized by law. We

may disclose PROTECTED HEALTH INFORMATION to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. We may disclose your PROTECTED HEALTH INFORMATION to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you (b) for the safety and security of the institution and/or (c) to protect your health and safety or the health and safety of other individuals or the public. We may release your PROTECTED HEALTH INFORMATION for workers' compensation and similar programs.

Any other uses and disclosures will be made only with your written authorization. You may revoke such as authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by present a written request to our Privacy Officer at the practice address listed below:

The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree on restriction, we must abide by it unless you agree in writing to remove it.

- The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations.
- The rights to access, inspect, and copy your PROTECTED HEALTH INFORMATION.
- The right to request an amendment to your PROTECTED HEALTH INFORMATION.
- The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

You have the right to file a formal, written complaint; with us at the address below, or with the Department of Health & Human Services, Offices of Civil Rights, in the event you feel your privacy rights have been violated. We may not retaliate against you for filing a complaint.

For more information about your Privacy Practices, please contact:

HIPAA Privacy Officer, Family Integrative Healthcare Network
7455 W. Azure Drive
Building C, Suite #140
Las Vegas, NV 89130
702-434-3446

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C 2020 877-696-6775 (toll-free)