

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.

Integrative Health at Healthpark Medical Center Inc is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment. (Example: Nutritionist)

Payment

Since our practice does not take insurance. Payment is due upon services rendered. However as a courtesy to our patients we can print an Itemized invoice for you to submit to your insurance company for the purpose of reimbursement for health care services provided. Our office does not accept any assignments from any insurance company. We do not guarantee reimbursement.

Phone calls

As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request. A signature is required for this request including sending information via an email transaction.
- You have the right to inspect and copy your health information.
- You have a right to request that **Integrative Health at Healthpark Medical Center Inc** amend your protected health information. Please be advised, however, that **Integrative Health at Healthpark Medical Center Inc** is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

- You have a right to receive an accounting of disclosures of your protected health information made by **Integrative Health at Healtpark Medical Center Inc.**
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Integrative Health at Healtpark Medical Center Inc reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, **Integrative Health at Healtpark Medical Center Inc** is required by law to comply with this Notice.

Integrative Health at Healtpark Medical Center Inc is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide **Integrative Health at Healtpark Medical Center Inc** with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

Patient's Name (print)

Patient's Signature

Date

Authorized Facility Signature

Date