



## STAT Wellness Center, PLLC Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. We are permitted to use and disclose your health information for treatment, payment, and health care operations as described in, but not limited to, the following examples:
  - a. For treatment – The medical assistant will obtain treatment information about you and record in chart. The provider may need to consult a specialist regarding your care and/or treatment and share your information.
  - b. For payment – Our office staff will submit information to your health insurance company to obtain payment for services provided.
  - c. For health care operations – Periodic reviews of both your clinical and financial information will be conducted by our staff to monitor for accuracy, safety, and appropriateness.
2. We are permitted or required to use or disclose your health information without your written authorization in certain situations. For example, we may be required to disclose your health information for purposes of worker’s compensation, public health, law enforcement, or other state or federal laws.
3. Other uses and disclosures of your health information will be made only with your written authorization, and you may revoke such authorization at any time.
4. We may contact you to provide appointment reminders, information about lab reports, treatment alternatives, or other health-related benefits and services that may be of interest.
5. You have the following rights regarding your health information:
  - a. The right to request restrictions on certain uses and disclosures of your health information. We will honor such requests unless it negatively affects your care or required by law to disclose the health information.
  - b. The right to receive confidential communications of health information.
  - c. The right to see or get a copy of health information, which will be provided within 30 days at a reasonable, cost-based fee.
  - d. The right to ask us to correct health information that you feel is incorrect or incomplete. We will notify you in writing, within 60 days, if there is any reason your health information cannot be modified.
  - e. The right to receive an accounting of disclosures of health information, including to whom we have disclosed and the purpose of disclosure.
  - f. The right to obtain a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically.
6. We are required by law to maintain confidentiality of your health information and to provide you with written notice of our legal duties and privacy practices as they pertain to your health information.
7. Privacy practices may change periodically. We will provide you with a revised notice at your next visit or you may request an updated version at our office at any time.
10. You have the right to complain if you feel your rights have been violated. You can make your complaint to our office staff and we will make every effort to rectify the violation. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/ complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

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