



NOTICE OF PRIVACY PRACTICES
THIS NOTICE OF PRIVACY PRACTICES (HEREINAFTER “NOTICE”)
DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS
TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 1/1/20

Protected health information is information about you that we obtain to provide healthcare services to you and that can be used to identify you. It includes your name and contact information as well as information about your health, medical conditions, health insurance and medications. It may relate to your past, present or future medical conditions, healthcare services provided to you or payment for those services.

The Health Insurance Portability and Accountability Act (HIPAA) requires healthcare organizations to protect the privacy of patient’s PHI and to provide you with this Notice to explain our legal duties and privacy practices regarding your PHI. HIPAA additionally allows healthcare organizations under common ownership or control to designate themselves as a single Affiliated Covered Entity for the purposes of complying with the HIPAA privacy and security rules.

Who Will Follow This Notice

In addition to the above, this specific Notice will be followed by all employees, medical staff, students and volunteers of Holistic Health, LLC

This Notice describes the ways in which we may use and disclose your protected health information. It also describes your rights and certain obligations that we have regarding the use and disclosure of your protected health information.

We are required by law to:

- Ensure that your protected health information is kept private;
- Give you this Notice describing our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the Notice that is currently in effect; and,
- Notify you if your protected health information has been “breached,” which means that your protected health information had been used or disclosed in a way that is inconsistent with law and results in being compromised.

How We May Use And Disclose Protected Health Information About You

We are permitted to use and disclose protected health information about you in a variety of ways. For each category of uses or disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment

Our practice may use your protected health information 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. We might use your protected health information in order to write a prescription for you, or we might disclose your protected health information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, healthcare providers – may use or disclose your protected health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your protected health information to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your protected health information to other health care providers for purposes related to your treatment.

For Payment

We may use and disclose your protected health information so that the treatment and services you receive at Holistic Wellness may be billed and payment may be collected from you. We do not bill insurance company's.

For Healthcare Operations

We may use and disclose your protected health information for the operations of Holistic Wellness. These uses and disclosures are necessary for general business activities, to enhance quality care and medical activities. We may disclose your protected health information to other health care providers and entities to assist in their health care operations.

Examples of Healthcare Operations**Appointment Reminders**

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or another entity covered by this Notice.

Treatment Alternatives

We may use and disclose protected health information to tell you about or recommend possible treatment options or health related benefits that may be of interest to you.

Release of information to family/friends. Our practice may release your protected health information to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a baby sitter take their child to the pediatrician's office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.

As Required By Law

We will disclose your protected health information when required to do so by Federal, state or local law.

Special Situations

We may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by law. We may also release protected health information about foreign military personnel to the appropriate foreign military authority as required by law.

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose, when requested, your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability; • to report births and deaths;
- to report abuse and/or neglect of a child, elder or disabled person;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using; and
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities

We may, when requested, disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include audits, certifications, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

Under certain circumstances, we may also disclose your protected health information in response to a court order, subpoena or other lawful process, and, in some instances, we will do so only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or if you or a court have provided written authorization.

Law Enforcement

We may release your protected health information if asked to do so by a law enforcement official, if permitted by law:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death which we believe may be the result of criminal conduct;
- About criminal conduct at any of our facilities; and
- In emergency circumstances to report a crime, the location of the crime or its victims or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This release may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors or designees as necessary to carry out their duties.

National Security and Intelligence Activities

If permitted by law, we may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities, authorized by law.

To Prevent a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, or to prevent serious harm to property. Any disclosure, however, would be only to someone able to help prevent the threatened harm

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official, under certain circumstances permitted by law. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Authorization Is Required For Other Uses

Except as described in this Notice, we will use and disclose your protected health information only with your written permission or that of your authorized representative. You may revoke or withdraw your authorization to use or disclose your protected health information for the purposes covered by that authorization, except where we have already relied on the authorization.

New Hampshire and/or Federal law may require us to obtain your written permission (authorization) before using or disclosing protected health information in certain instances. When required by law, we will request your written permission (authorization) before using or disclosing such protected health information. For example, we must obtain your written

permission before sharing information about HIV testing or test results except treatment or other purposes permitted by law, or sharing information about genetic testing, as defined by state law, or genetic test results.

Your Rights Regarding Protected Health Information About You

You have the following rights regarding your protected health information:

Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your protected health information, including a readily producible electronic copy, that may be used to make decisions about your care. This request usually includes medical and billing records but does not include psychotherapy notes.

To inspect and obtain a copy of your protected health information, you must submit your written request for medical records to **Tracey Bottazzi, APRN at 603-305-9964 or traceyaprn@gmail.com** If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and obtain a copy in specific but very limited circumstances.

Right to Change

If you think the protected health information we have about you is incorrect or incomplete, you may ask us to amend or change the information. You have the right to request an amendment as long as the information is kept by or for Holistic Wellness. Your request for an amendment will become a legal part of your medical record, to be sent out along with the rest of the record whenever a request for copies is received.

To request an amendment of your medical record, it must be made in writing, including the reason for the request and submitted to **Tracey Bottazzi, APRN at 603-305-9964 or traceyaprn@gmail.com**

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by us, or the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for Holistic Wellness;
- Is not information which you would be permitted to inspect and copy; or
- We reasonably believe is accurate and complete.

Right to Request an Accounting of Disclosures

You have the right to request an accounting of disclosures. This accounting is a list of the disclosures we have made of your protected health information for disclosures that were not made for treatment, payment, and healthcare operations.

To request this accounting of disclosures, you must submit your written request to **Tracey Bottazzi, APRN at 603-305-9964 or traceyaprn@gmail.com** your request must state a time period for the accounting of disclosure, which may not be longer than six years and may not include periods before 1/1/20.

Right to Request Restrictions

You have the right to request a restriction or limitation on the protected health information that we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the protected health information that we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

If you request that we not disclose certain protected health information to your health insurer and that information relates to health care products or services for which we have received payment in full from you or on your behalf (from a third party other than your insurer), then we must agree to that request.

To request restrictions on your medical records, you must make your request in writing to **Tracey Bottazzi, APRN at 603-305-9964 or traceyaprn@gmail.com** In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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 at work or by mail. To request confidential communications, you must make your request in writing to **Tracey Bottazzi, APRN at 603-305-9964 or traceyaprn@gmail.com**. You need not give any reason for your request. At our discretion, we will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us at any time to give you a copy of this notice. 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 this notice at our website, **Tracey Bottazzi, APRN at 603-305-9964 or traceyaprn@gmail.com**

Changes to This Notice

We reserve the right to change this privacy notice.

We reserve the right to make the revised or changed notice effective for protected health information that we already have about you as well as any information we receive in the future.

We will post a copy of the current notice in the office of Holistic Wellness and at our website, www.holisticwellness.live. The notice will contain the effective date on the first page, in the top left-hand corner.

Questions or Complaints

If you have any questions or believe that your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services.

To file a complaint with our practice, contact **Tracey Bottazzi, APRN at 603-305-9964 or traceyaprn@gmail.com** All complaints must be submitted in writing.

To file a complaint with the U.S. Department of Health and Human Services, J.F.K. Federal Building – Room 1875, Boston, MA 02203 or via email to OCRComplaint@hhs.gov

All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint about our privacy practices.

Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing at any time.

If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your earlier written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.