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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 PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Responsibilities

Your protected health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, examination, test results, diagnoses and treatments. It also includes payment information related to your care. The law requires us to keep your health information private in accordance with this Notice of Privacy Practices. We are also required to provide you with a copy of this document, which contains our privacy practices, our legal responsibilities, and your rights concerning your health information.

Permitted Uses and Disclosures

Under federal law, we may use and disclose your health information without authorization for treatment, payment or health care operations. Examples of such potential uses or disclosures are provided below:

Treatment

Your health information may be used by or disclosed to any physicians or other health care providers involved with the medical services being provided to you. We may also use your health information to manage or coordinate your treatment.

Payment

Your health information may be used or disclosed in order to collect payment for the medical services provided to you.

Health Care Operations

Your health information may be used or disclosed as part of our internal health care operations, such as quality of care audits, training programs, accreditation, certification, licensing or credentialing activities.

Other Uses and Disclosures without Authorization

While the following disclosures can be made without your consent or authorization, we will make our best effort to inform you when a disclosure is being made or there is an intention to do so.

Abuse, Neglect, or Domestic Violence

As required by law, we may disclose your health information to report suspected abuse, neglect, or domestic violence.

Judicial and Administrative Proceedings

We may disclose your health information in the course of a judicial or administrative proceeding, in response to a subpoena or other orders required by law.

Notification

We may use or disclose your health information to notify a family member or other person identified by you who is involved in for your care about your location, about your general condition, or about your death. We will provide you an opportunity to object before disclosing any such information.

Public Safety

We may disclose your health information for public health purposes such as a serious and imminent threat to the health or safety of a person or the public.

Required by Law

We may be required by federal, state, or local law to disclose your health information.

Third party

We may disclose your health information to third parties with whom we contract to perform services on our behalf. If we do so, we will have an agreement with them to safeguard your information.

We will not disclose your health information for any reasons, except those described in this Notice of Privacy Practices, unless you provide us with written authorization to do so. We may request an authorization to use or disclose your health information for any purpose, but you are not required to give authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.

Patient Rights

You have the following rights with respect to your protected health information:

Requesting Restrictions

You have the right to request a restriction on limiting our use and disclosure of your health information. We are not required to agree to your request, but if we do agree to it, we will abide by your request except as required by law, in emergencies or when the information is necessary to treat you. To request a restriction, it must:

- 1) Be in writing
- 2) Describe the information that you want restricted
- 3) State if the restriction is limited to use or disclosure and
- 4) State to whom the restriction applies.

Confidential Communications

You have the right to request that we communicate with you about your health information in a particular way or at a certain location, to maintain your confidentiality. To request confidential communication, it must:

- 1) Be in writing and
- 2) Specify how or where you wish to be contacted.

We will accommodate all reasonable requests. You do not have to give a reason for your request.

Inspect and Copy

You have the right to inspect and obtain a copy of your health information. To request to inspect or obtain a copy of your health records, it must be in writing. We may charge a fee for record retrieval, copying costs, mailing and other supplies.

Amendment of Health Information

You have the right to request amendment of your health information, if you believe that it is incorrect or incomplete. To request an amendment, it must:

- 1) Be in writing and
- 2) Include a reason to support your amendment request.

Your request may be denied if it was not created by us, if we believe that the information is complete and accurate or if the information is not part of the medical information that you would be permitted to inspect or copy.

Accounting of Disclosure:

Under federal law, you have the right to request a list of the disclosures that we have made of your health information over the previous six years. This right applies to disclosures other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. Your first request within a 12-month period is free, but we may charge for additional lists within the same 12-month period. To request an accounting of disclosure, it must be in writing.

Paper Copy of This Notice

You have the right to keep a paper copy of this Notice of Privacy Practices.

File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint directly with us in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

This Notice of Privacy Practices and its terms may be revised as permitted or required by law. Pieur Wellness has the right to make the revised notices effective for information that we already have about you, as well as for information we obtain in the future. The updated Notice of Privacy Practices will be provided to you in paper copy.