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## Notice of Privacy Practices

**This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.**

### Introduction

At Whole Family Wellness we are committed to treating and using protected health information (PHI) about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your PHI. You have the right to receive a copy of this notice. This Notice is effective 1/1/2005, and applies to all protected health information as defined by federal regulations.

### Understanding Your Protected Health Information

Our office is permitted by federal privacy laws to make uses and disclosure of your PHI for purposes of treatment, payment, and health care operations. PHI is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

### Examples of Disclosures

Whole Family Wellness collects PHI about you and stores it in a computerized chart. This is your medical record. The medical record is the property of our medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your PHI for the following purposes:

- **Treatment:** We may disclose your PHI to a physician or other healthcare provider providing treatment to you, or who will provide services which we do not provide. We may also share information with a laboratory that performs a test.
- **Payment:** We may use or disclose your PHI for payment of your services. For example, we may send a report of your progress note to your insurance company. Additionally, information on or accompanying bills may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- **Healthcare operations:** We may use or disclose your PHI for our normal health care operations. Our staff will enter your information into our computer. We may obtain services from business associates, such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.
- **Notification and communication:** We may use or disclose your PHI to provide you with appointment reminders via phone, e-mail, or letter. If you are not home, we may leave a message on an answering machine or with a person who may answer the telephone. We may disclose PHI to a family member, or your personal representative or another person responsible for your care about your care, location, and general condition. Using our best judgment, we will only disclose PHI that is directly relevant to the person's involvement in your care.
- **Required by law:** We may also use or disclose your PHI when we are required to do so by law. We may, and are sometimes required by law to disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products or reactions to medications.

### When Whole Family Wellness May Not Use or Disclose Your PHI

Most uses and disclosures that do not fall under the categories listed above will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.



## Notice of Privacy Practices (con't)

### Your Health Information Rights

You have the right to:

- Restrict the disclosure of your PHI by written request. The request for restriction may be denied if the information is required for treatment or payment of healthcare operations.
- Receive confidential communications regarding your PHI.
- Receive, or transfer to another practice, a copy of your PHI through written request to our office using the form we provide. We may charge a reasonable fee for this service.
- Request (in writing) that your PHI be amended to correct incomplete or incorrect information.
- To know of any uses or disclosures of your PHI upon written request.
- Obtain a paper copy of this Notice of Privacy Practices upon request.

### Our Responsibilities

Our office is required to:

- Maintain the privacy of your PHI as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice of Privacy Practices.
- Notify you if we cannot accommodate a requested restriction or request.
- Accommodate your reasonable requests regarding methods to communicate PHI with you.
- Accommodate your request for information about uses and disclosures of your PHI.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and to make the new provisions effective for all PHI we maintain. You are entitled to receive a revised copy of this Notice of Privacy Practices by calling and requesting a copy or by visiting our office and picking up a copy.

### For More Information or to Report a Problem

If you have questions and would like additional information, please contact us at the following address or phone number:

Whole Family Wellness  
1601 El Camino Real, Suite 101  
Belmont, CA 94002  
650.595.5437

If you believe your privacy rights have been violated, you may file a written complaint with our office. You may also file a complaint by mailing it to the Secretary of Health and Human Services at the following address:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment from the office.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.