



Notice of Privacy Practices

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

PLEDGE REGARDING HEALTH INFORMATION

Allied Wellness Collective, IPA, LLC, and all participating providers and practices (collectively "Allied Wellness Collective") understand that health information about you and your healthcare is personal. The group is committed to protecting health information about you. Providers create a record of the care and services you receive from the group. The group needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by your healthcare providers.. This notice will tell you about the ways in which the group may use and disclose health information about you. The group also describes your rights to the health information kept about you and describes certain obligations regarding the use and disclosure of your health information. Allied Wellness Collective is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Allied Wellness Collective can change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request, in the practice's office, and on the practice's website.

HOW THE GROUP MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that Allied Wellness Collective uses and discloses health information. For each category of uses or disclosures the group will explain what is meant and will try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. For Treatment Payment or Healthcare Operations: Federal privacy rules (regulations) allow healthcare providers who have direct treatment relationship with the patient to use or disclose the patient's personal health information without the patient's written authorization, to carry out the healthcare provider's own treatment, payment or healthcare operations. The group may also disclose your protected health information for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, the group would be permitted to use and disclose your personal health information, which is otherwise confidential, to assist the clinician in diagnosis and treatment of your health condition.

2. Disclosures for treatment purposes are not limited to the minimum necessary standard. Because healthcare providers need access to the full record and/or full and complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of healthcare providers with a third party, consultations between healthcare providers and referrals of a patient for healthcare from one healthcare provider to another.
3. Lawsuits and Disputes: If you are involved in a lawsuit, the group may disclose health information in response to a court order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. **Psychotherapy Notes.** Some of Allied Wellness Collective's providers keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 2. For use in treating you.
 3. For use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or counseling.
 4. For use in defending the group in legal proceedings instituted by you.
 5. For use by the Secretary of Health and Human Services to investigate the practice’s compliance with HIPAA.
 6. Required by law and the use or disclosure is limited to the requirements of such law.
 7. Required by law for certain health oversight activities pertaining to the originator of the counseling notes.
 8. Required by a coroner who is performing duties authorized by law.
 9. Required to help avert a serious threat to the health and safety of others.
10. Marketing Purposes. We will not use or disclose your PHI for marketing purposes.
11. Sale of PHI. We will not sell your PHI in the regular course of my business.

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, Allied Wellness Collective can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although the group's preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on the group's premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.

7. For research purposes, including studying and comparing the health of patient's who received one form of treatment versus those who received another form of treatment for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although the group's preference is to obtain an Authorization from you, The group may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with a provider at the group. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are offered.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate are involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to

request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on 2/14/2020. It was revised on 12/1/2021.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of this Notice of Privacy Practices.