

**Spirit of Healing, LLC
Hazelbaker Lactation Institute, LLC**

Notice of Privacy Practices

This notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions, please contact our office at the phone number noted at the bottom of this notice.

Our pledge to you:

We understand that healthcare information about you is personal. We are committed to protecting your healthcare information. We create a record of care and services you receive to both provide quality of care and to comply with legal requirements. This notice applies to all of the records of our care generated by any of the providers affiliated with our companies by contract to provide healthcare services and support to you. We are required by law to:

- Collect only the information that may be necessary for your care;
- Keep accurate and up-to-date records;
- Safeguard the healthcare information in our possession;
- Give you this written notice of our legal duties and privacy practices with respect to healthcare information about you;
- Retain/destroy records in accordance with the law;
- Follow the terms of this notice that are currently in effect.

We strive to provide you with the best care and services. To us, that includes treating your personal information fairly and with respect. Each employee and representative of our companies must abide by our policy in the handling of personal information. This practice group is also concerned about the personal information of its employees and representatives.

How we may use and disclose healthcare information about you:

We may use and disclose healthcare information about you without your prior authorization for treatment, such as sending healthcare information about you to a specialist as part of a referral (this includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment); to obtain payment for treatment, such as sending billing information to your insurance company or Medicare; and to support our healthcare operations, such as comparing client data to improve treatment methods or for professional education purposes (note: only limited psychiatric or HIV information may be disclosed for billing purposes without your authorization.) Other examples of such uses and disclosures include contacting you for appointment reminders and telling you about or recommending possible treatment options, alternatives, and/or health-related benefits or services that may be of benefit to you.

We may also use or disclose healthcare information about you without your prior authorization for several other reasons. Subject to certain requirements, we may communicate healthcare information about you, without prior authorization, for public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, funeral arrangements and organ donation, workers' compensation purposes, emergencies, national security and other specialized government functions, and for members of the Armed Forces as required by Military Command authorities. We also disclose healthcare information when required by law, such as in response to law enforcement in specific circumstances, or in response to valid judicial or administrative orders or other legal process.

Under certain circumstances, we may use and disclose health information about you for research purposes, subject to a special approval process. We may also allow research support staff to review information, so long as the healthcare information may help them to prepare for research and so long as they agree to specific privacy protection. You have the right to opt out of research by submitting, in writing, a request to opt out to our offices. Our address can be found below.

We may disclose healthcare information about you to a friend or family member with whom you designate or in appropriate circumstances, unless you request a restriction. We may also disclose information to a disaster relief authority so that your family can be notified of your location and/or condition. In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing healthcare information about you. If you choose to authorize such disclosure, you may later revoke that authorization by notifying us of such in writing.

Who will follow this notice?

Our healthcare information privacy practices will be followed by all employees, staff, affiliates, trainees, students, and volunteers of the entities listed above.

Right to be notified of a breach:

We will notify you in the event that the confidentiality of your information has been breached in accordance with the law.

Right to access and or amend your records:

In most cases, you have the right to look at or obtain your healthcare information record (chart). If you elect to obtain your original record, we will make a copy of it for our records, in accordance with the law. All requests for records or access to same needs to be made in advance and in writing. If you request a copy, we may charge a fee for copying, mailing and other related supplies.

If you believe that information in your record is incorrect or incomplete, you have a right to request in writing that we amend your record. If we determine that your record is accurate, you may submit a written statement of disagreement with our decision to not amend your record.

Right to an accounting:

You have a right to request a list of the disclosures of your health information that we have made. Such requests need to be made in writing and sent to our below noted address.

Right to request restrictions:

You may request in writing that we not use or disclose your healthcare information for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will accommodate your request if the below conditions are met:

- You request that your information NOT be shared with an insurer for purposes of payment or other purposes unrelated to your treatment;
- You pay all charges associated with the services you received out-of-pocket in full; and
- We are not required by law to release your information to the insurer.
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Requests for confidential communications:

You have the right to request that healthcare information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific manner and/or location for us to use to communicate with you.

Right to request a paper copy of this notice:

You may receive a paper copy of this Notice from us upon request, even if you have agreed to receive this notice electronically.

Changes to this notice:

We may change our policies at any time. Changes will apply to healthcare information we already hold, to new information after the change occurs as well as any new information after the change occurs. You can receive a current copy of our notice at any time. (The effective date of this policy is listed at the bottom.) Copies of the current notice will be provided to you for your signature when you come to our facility for treatment. You will be asked to acknowledge in writing your receipt of this notice.

Complaints:

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our office as listed below.

If you are not satisfied with our response, you may send a written complaint to the US Department of Health and Human Services Office of Civil rights. Under NO Circumstances will you be penalized or retaliated against for filing a complaint.

If you need any assistance in understanding this policy statement, one of our staff will be happy to help.

Please sign below that you understand this policy statement in full.

Name: _____ Date: _____

Spirit of Healing, LLC
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