

## PRIVACY POLICY

**This document describes how your medical information may be used and disclosed and how you can gain access to this information. This document explains how our practice safeguards your protected health information(PHI).**

PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future health information. Our practice must maintain the privacy of PHI under a federal law known as the Health Insurance Portability and Accountability Act (hereafter "HIPAA") The Act gives you, the patient, certain rights to understand and control how your health information may be used. The Act also provides penalties for the misuse of Protected Health Information (PHI).

As provided by HIPAA, our practice may disclose PHI to physicians at Lifestyle Docs and other health professionals, our office staff and other individuals involved in your care and for other lawful use.

Your PHI may also be used to obtain payments from different vendors, insurance companies and the like for medical care provided to you.

It is the policy of this practice to remind patients of their appointments. We may use your PHI to remind you of your appointments, via phone, text, or answering machine. You may choose your preferred way of being contacted by our practice. We may send you other communications informing you of changes to office policy and new technology that might be helpful/informative. We will not share your PHI with anyone including your family members other than individuals you have authorized.

We may disclose your PHI to all entities as required by law for matters related to public health issues, legal proceedings, criminal activity, Workers' compensation. We may also disclose your medical information to the Department of Health and Human Services and other governmental agencies as required by law.

You have the right to inspect and obtain a copy of your PHI. You must submit a written request to inspect or obtain a copy of your PHI. We have the right to charge a reasonable fee for the cost to furnish the records.

You have the right to request restriction to your health information by providing a written request to our practice. You have the right to request your physician to amend the PHI. The written request must include the reason for restriction and/or amendment. We will inform you whether we agree or disagree to honor your request for restricting or amending your PHI. You have the right to file a statement of disagreement.

You agree to bring any concerns or complaints regarding privacy to the attention of the Office manager or any physician at Lifestyle Docs. You may file a complaint with our office or the Secretary of Health and Human service if you believe your privacy rights have been violated by us. We will not retaliate against you for exercising your right to file a complaint.

The above Privacy Policy was published on 4/4/20 and constitutes the latest version of our Privacy Policy. We reserve the right to change the terms of this notice at any time. Latest version of our Privacy Policy will be posted on our website. *Link*

We look forward to providing you with outstanding medical care. Please, read this document and sign your name on the [Patient registration form](#) in the appropriate box to indicate receipt and review of the Privacy Policy for Embee Lifestyle Docs, PLLC.