



HIPAA Privacy Notice and Information Disclosure Form

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Up to date as of: May 2025

Your Rights Regarding Your Health Information

This notice explains how your medical information may be used and disclosed and how you can access this information. Please read this notice carefully.

Under the Health Insurance Portability and Accountability Act (HIPAA), you have the following rights regarding your health information:

- 1. Right to Inspect and Copy:** You can ask to see or get a copy of your medical record and other health information we have about you. You may also request your records electronically. We will provide a copy or a summary of your health information, usually within 30 days of your request.
- 2. Right to Amend:** If you believe the information we have about you is incorrect or incomplete, you may request that we correct or amend it. We may deny your request, but we will inform you in writing within 60 days.
- 3. Right to an Accounting of Disclosures:** You can ask for a list of the times we've shared your health information, who we shared it with, and why. We will provide one accounting per year for free but may charge a fee for additional requests.
- 4. Right to Request Restrictions:** You can request that we do not share certain health information for treatment, payment, or our operations. While we are not required to agree

to your request, we will consider it. If you pay out-of-pocket in full for a service, you can ask us not to share that information with your health insurer, and we will agree unless a law requires us to share that information.



5. **Right to Confidential Communications:** You can request that we contact you in a specific way (e.g., only at home, only on your cell phone, etc.) or send mail to a different address. We will accommodate reasonable requests.
6. **Right to a Paper or Electronic Copy of This Notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically.

How We May Use and Disclose Your Health Information

We may use and share your health information in the following ways:

- **For Treatment:** We may use your health information to provide you with medical treatment or services. We may disclose this information to doctors, nurses, technicians, or other healthcare personnel involved in your care.
- **For Payment:** We may use and disclose your health information to obtain payment from you, an insurance company, or a third party for services you receive.
- **For Healthcare Operations:** We may use and disclose your health information for administrative purposes necessary to run our practice and to ensure all patients receive quality care. For example, we may use information in health records to assess the quality of care and outcomes in your case and others like it.
- **As Required by Law:** We will share information about you if state or federal laws require it, including sharing information with the Department of Health and Human Services if it wants to ensure we're complying with HIPAA.
- **To Avoid Harm:** We may use or share your information to prevent a serious threat to your health and safety or the health and safety of others.
- **For Public Health and Safety:** We may share your information for public health activities such as reporting diseases, injuries, or vital events (like births or deaths), or to report reactions to medications or problems with products.

- **For Legal or Administrative Proceedings:** We may use or share your information in response to a court or administrative order, or in response to a subpoena.
- **For Research:** We may use or share your information for health research. We will, however, get your permission before disclosing your information for research purposes in most cases.



Your Choices Regarding Your Information

In some cases, you have the right to make choices about how your information is used or shared. These include:

- **For Marketing Purposes:** We will not share your information for marketing purposes without your written consent.
- **Sharing with Family or Friends:** We may share your information with family members, friends, or others involved in your care or payment for your care with your written permission.

Complaints and Concerns

If you believe your privacy rights have been violated, or if you have concerns about how your health information has been handled, you may file a complaint with us or with the U.S. Department of Health and Human Services.

To file a complaint with our practice, contact:

Infinite Abilities LLC

Phone: 229-251-7930

Address: 1119 E Rushwood DR, Derby, KS 67037

Email: ashleymichaels@infiniteabilities.co

-To file a complaint with the U.S. Department of Health and Human Services, you can visit their website at www.hhs.gov/hipaa, or call 1-800-368-1019. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt

By signing below, you acknowledge that you have received and reviewed this HIPAA Privacy Notice.

Client/Caregiver (If under 18 years of age) signature: _____

Date:_____