

Statement of HIPAA Privacy Practices

Effective Date: 01/01/2025

Introduction: Wheat State Holistic Healthcare LLC is committed to protecting the privacy and confidentiality of your health information. This statement outlines how we handle, use, and safeguard your Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated regulations.

Your Rights Under HIPAA:

1. Access to Your Medical Records

You have the right to view and request a copy of your medical records. Requests must be submitted in writing, and we will provide access within the timeframe mandated by law.

2. Request for Amendments

You may request corrections to your health records if you believe they are incorrect or incomplete. While we may not always agree to a requested amendment, we will add your statement to your record.

3. Confidential Communications

You have the right to request that we communicate with you in a specific manner or location (e.g., sending mail to a P.O. Box or communicating via phone only). We will accommodate reasonable requests.

4. Restrictions on Use or Disclosure

You can request restrictions on how your PHI is used or disclosed for treatment, payment, or healthcare operations. While we are not required to agree to all restrictions, we will comply with restrictions we approve.

5. Accounting of Disclosures

You have the right to request a list of certain disclosures of your PHI made outside of treatment, payment, or healthcare operations.

6. Right to File a Complaint

If you believe your privacy rights have been violated, you can file a complaint with our office or the Department of Health and Human Services (HHS). Filing a complaint will not affect your care.

How We Use and Disclose Your Health Information:

1. Treatment

We use your PHI to provide, coordinate, and manage your healthcare, including sharing information with other healthcare providers involved in your care.

2. Payment

We may use and disclose your PHI to bill and receive payment from insurance companies or other entities.

3. Healthcare Operations

Your information may be used for administrative and operational purposes, such as quality assessment, staff training, and compliance audits.

4. Other Permitted Uses and Disclosures

- **Public Health Activities:** Reporting communicable diseases or adverse drug reactions.
- **Law Enforcement:** Compliance with legal requirements such as court orders or subpoenas.
- **Emergencies:** Sharing information as needed to prevent a serious threat to health or safety.

5. With Your Authorization

Any use or disclosure of your PHI not listed here will require your explicit written consent, which you may revoke at any time.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly in the event of a breach of unsecured PHI.
- We will follow the terms of this privacy statement and will not use or disclose your information in a way that violates applicable laws.

Changes to This Statement: We reserve the right to modify this statement at any time. Any changes will apply to all PHI we maintain and will be made available to you upon request. The effective date of the revised statement will be indicated at the top of the document.

Contact Information: If you have any questions about this statement or wish to exercise your rights, please contact us at:

Wheat State Holistic Healthcare, LLC

admin@wheatstatehealth.org

PH: 316-867-6060

Acknowledgment of Receipt: We request that all patients acknowledge receipt of this HIPAA Privacy Practices Statement. A signed acknowledgment form will be kept in your records.