**HIPAA Notice of Privacy Practices**

**Olive Branch Integrative Mental Wellness, LLC**  
**Effective Date:**

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**1. Our Legal Duty**

Olive Branch Integrative Mental Wellness, LLC (“the Practice”) is required by law to protect the privacy of your health information. We are required to provide you with this Notice about our privacy practices, our legal duties, and your rights concerning your health information.

**2. How We May Use and Disclose Health Information**

We may use and disclose your health information for the following purposes:

* **Treatment:** To provide, coordinate, or manage your health care.
* **Payment:** To obtain payment for services, including billing and collection.
* **Health Care Operations:** For quality assessment, training, accreditation, licensing, and administrative purposes.

Other uses and disclosures may include:

* When required by law.
* To prevent or lessen a serious threat to health or safety.
* To comply with public health activities (e.g., reporting disease, abuse, or neglect).
* For health oversight activities (e.g., audits, investigations, inspections).
* When required for legal proceedings or by a court order.
* For law enforcement purposes in specific circumstances.
* To coroners, medical examiners, and funeral directors as required.
* For workers’ compensation claims.

**3. Uses and Disclosures Requiring Your Authorization**

We will not use or disclose your health information for purposes other than those described above without your written authorization. Examples include:

* Psychotherapy notes (except as permitted by law).
* Marketing or sale of your information.  
  You may revoke your authorization in writing at any time.

**4. Your Rights Regarding Health Information**

You have the right to:

* **Access:** Request a copy of your medical record.
* **Amend:** Request corrections to your record if you believe it is inaccurate.
* **Accounting of Disclosures:** Request a list of disclosures we have made of your health information (excluding those for treatment, payment, and health care operations).
* **Restrictions:** Request restrictions on certain uses/disclosures (though we are not required to agree in all cases).
* **Confidential Communications:** Request that we communicate with you in a certain way (e.g., at a different phone number).
* **Paper Copy:** Receive a paper copy of this Notice upon request.

**5. Our Responsibilities**

* We are required by law to maintain the privacy of your health information.
* We are required to notify you if a breach of your protected health information occurs.
* We will abide by the terms of this Notice.

**6. Changes to This Notice**

We reserve the right to change our privacy practices and the terms of this Notice at any time. Changes will apply to all health information we maintain. The revised Notice will be available in our office and upon request.

**7. Questions or Complaints**

If you have questions or concerns about this Notice, or if you believe your privacy rights have been violated, you may contact:

**Privacy Officer**  
Olive Branch Integrative Mental Wellness, LLC  
[Practice Address]  
[Phone Number]  
[Email Address]

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

**Patient Acknowledgment of Receipt**

I acknowledge that I have received and reviewed a copy of the **Notice of Privacy Practices** from Olive Branch Integrative Mental Wellness, LLC.

**Patient Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_