

Lifeline 2 Wellness, A Nursing Corporation
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HIPAA NOTICE OF PRIVACY PRACTICES

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.

This is a summary of your rights and our responsibilities regarding your medical information and its privacy. A full version of this Notice is available in our office, per your request. If you have any questions, please ask our Administrative Team. This notification takes effect on April 14, 2003 and will remain in effect until replaced.

Who will follow this notice: Any clinicians and office staff at Lifeline2Wellness, Inc.

Our pledge regarding medical information: We are committed to the privacy of medical information about you.

Protected Health Information (PHI): refers to information in your health record that could identify you. It is individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care.

How We May Use and Disclose Your Protected Health Information: In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its HIPAA Privacy Rule (Rule), we are permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, for health care operations, appointment reminders, treatment alternatives, health-related benefits and services, individuals involved in your care, worker's compensation, public health risks, as required by law, and to avert a serious threat to health or safety. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed Authorization to Release Information.

Your Rights Regarding Your Protected Health Information (PHI):

- *Right to Inspect and Copy: your medical information.
- *Right to Request an Amendment: of information you consider incorrect or incomplete.
- *Right to an Accounting of Disclosures: that we have made of medical information about you.
- *Right to Request Restrictions: or limitations on the information we use or disclose about you for treatment, payment, or health care.
- *Right to Receive Confidential Communications: as specified by you and also by alternate means or locations.
- *Right to a Paper Copy of This Notice.

Changes to the Notice: We reserve the right to change this Notice and will post a dated copy of in the office.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the Office Manager or with the Department of Health and Human Services. You will not be penalized for filling a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of the Notice of Privacy Practices (above), or am aware of my right to have a copy and have declined.

Patient Signature Date

Witness Signature Date

L2W HIPAA signature