



Think well. Do well. Be well.

## HIPAA PRIVACY NOTICE

(Health Insurance Portability & Accountability Act)

### YOUR PRIVACY IS IMPORTANT TO US

We value our relationship with you. We respect your right to privacy and we do everything we can to protect the information provided to us on behalf of our clients and our employees. We ask all employees to follow our policies and procedures about client privacy and information sharing.

### WE PROTECT OUR CLIENT'S PRIVACY

- We restrict access to electronic client information by using protected passwords when using company information systems.
- We do not leave client information open or in view at workstations when our employees are not there.
- We lock up all of our client files before leaving the workplace.
- We share client information only with employees as needed to complete service to the client.

### WE PROTECT OUR EMPLOYEE'S PRIVACY

- Your personal information is only shared with those administering our company health benefits, financial services or management programs on behalf of all our employees.
- You are exposed to confidential client information only as it is necessary to provide service to the client.
- We provide you with required communications about access to your health rights under COBRA (continuation of health coverage) and HIPAA (portability of health coverage and privacy of health information) guidelines.

### YOUR PERSONAL HEALTH INFORMATION RIGHTS ARE PROTECTED

The Health Insurance Portability and Accountability Act of 1996 helps to protect your rights to health coverage during events such as changing or losing jobs pregnancy, moving, or divorce, and provides rights and protections for employers when getting and renewing health coverage for their employees. It also covers your rights with respect to protected health information.

“Protected health information” includes any individually identifiable information that is transmitted or maintained in any form or medium that relates to the past, present, or future physical or mental condition of an individual, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan employer, or health care clearinghouse.

- You have the right to access, inspect and obtain a copy of your protected health information.
- You have the right to amend your protected health information.
- You have the right to request restrictions on uses and disclosures of your protected health information.
- You have a right to an explanation of the legal duties and privacy practices of those who have your protected health information.
- You have the right to receive confidential communications regarding your protected health information.
- You have the right to receive an accounting of disclosures of your protected health information.
- You have a right to file a formal, written complaint with those who have your protected health information, or with the Department of Health & Human Services, if you feel your privacy rights have been violated. You may not be retaliated against for filing a complaint.

These privacy rules are assured under HIPAA and are enforced by US Department of Health & Human Resources Office of Civil Rights.

US Department of Health & Human Resources · Office of Civil Rights  
200 Independence Avenue SW · Washington, DC 20201 · (877) 696-6775

I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THE ABOVE.

CLIENT Printed Name

CLIENT Signature

Date Signed