

HIPAA NOTICE OF PRIVACY PRACTICES

The Well

A DBA of **The Well Medical, PLLC**

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by The Well Medical, PLLC, doing business as The Well.

We May Use and Disclose Protected Health Information (PHI) For:

- Treatment
- Payment
- Healthcare operations

We May Also Disclose PHI:

- As required by law
- For public health reporting
- For law enforcement when legally required

Your Rights Include:

- Right to inspect and obtain copies of your records
- Right to request amendment
- Right to request restrictions
- Right to confidential communications

- Right to an accounting of disclosures
- Right to file a complaint

We maintain physical, electronic, and procedural safeguards to protect your information.

Privacy Officer: The Well Medical, PLLC

Contact: _____

By signing below, you acknowledge receipt of this Notice.

Patient Name: _____

Signature: _____

Date: _____