ANGEL WALK WELLNESS

Tele-Medicine • Functional Medicine • Family & Heart Health

www.aww-center.com | 713-992-8628 | AngelWalkWellness@gmail.com

"Healing with Heart, Science, and Purpose"

PRIVACY & CONFIDENTIALITY POLICY

Angel Walk Wellness (AWW) values your privacy and complies with all applicable patient-privacy and data-protection laws, including HIPAA. This policy explains how AWW collects, uses, and protects your personal and health information.

Information We Collect:

• Personal identifiers (name, date of birth, contact details).

• Health-related information shared during your visit.

• Data collected through tele-medicine platforms (audio, video, chat, intake forms).

Use & Disclosure of Information:

Your information is used solely to schedule appointments, deliver care, coordinate referrals, communicate with you, and securely document your records. AWW does not sell or share personal information. Data may be disclosed only with your written consent or as required by law (e.g., mandatory reporting, court orders, or threats to safety).

Storage & Security:

• Records are stored in secure, password-protected, encrypted systems.

• Only authorized personnel may access your information.

• Technical safeguards (encryption, audit trails) are applied to tele-medicine sessions.

Client Rights:

You have the right to request access to or corrections of your records, request restrictions on disclosure, ask for confidential communications, and withdraw consent within legal and clinical limits. Contact AngelWalkWellness@gmail.com or 713-992-8628 to submit a request.

Tele-Medicine Security:

When services are delivered virtually, AWW uses HIPAA-compliant platforms with encryption and access control. However, you acknowledge that no system can guarantee absolute security.

Retention & Disposal:

Records are retained for the period required by state and federal law; after that time, they are securely deleted or archived.

Acknowledgment:

By signing below, you acknowledge that you have read and understand this Privacy & Confidentiality Policy.

Client Name (print): _____

Client Signature (digital or ink): _____ Date: _____

_____

Mei Chen, NP, FNP-C, ACNP-BC, CCRN

Founder & Director, Angel Walk Wellness

Date: _____