

Your Rights

- **Right To Access**: You can ask to see a paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information within 30 days of your request.
- **Right To Amend**: You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days
- **Right to Request Restrictions:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
 - o If you pay for a service or health care item out of-pocket,, you can ask us not to share that information (for the purpose of payment or our operations) with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Right to an Accounting of Disclosures:** You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free.
- **Right to Confidential Communications:** You can ask us to contact you in a specific way (home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Your Choices

You have both the right and choice to tell us to:

- Share information with your family, friends, or others involved in your care.]
- Share information in a disaster relief situation
- Include your information in a directory

We NEVER share your information unless you've given us written permission:

- Marketing purposes
- Sale of your information

How We Treat PHI (Protected Health Information)

- **Collection:** We collect PHI for purposes related to your health, including treatment, billing, and operations.
- **Use**: Your PHI may b used to provide you with medical treatment, communicate with other healthcare providers, and manage your care services.
- **Disclosure**: We will only disclose your PHI to third parties when necessary for treatment, payment, or to comply with the law. This may include insurance companies, laboratories, federal organizations, or other healthcare professionals.
- **Security**: We implement various safeguards, including physical, technological, and administrative measures, to protect your PHI from unauthorized access or disclosure.

Our Responsibilities

- We are required by law to:
 - o Maintain the privacy and security of your protected health information
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - Provide you with this notice of our legal duties and privacy practices regarding your PHI
 - Abide by the terms of this privacy policy, as in effect at the time of our use or disclosure of your PHI
 - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to this Privacy Policy

We reserve the right to amend this privacy policy at any time. Any changes will be effective immediately upon posting the revised policy on our website. You are encouraged to review this policy regularly.

Better You Weight Loss and Wellness

256-776-7765

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