HIPAA AND YOUR PRIVACY: NOTICE OF PRIVACY PRACTICES

We are committed to protecting your personal health information. This Notice describes how we use and disclose your health information and how you can get access to this information. When you register with us to book a MFR service, we create a record of the care and services you receive.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law requiring all medical records and other individually identifiable health information used or disclosed by us be kept confidential. HIPAA gives you rights to help you understand and control how your health information is used. It also provides penalties for entities that misuse personal health information.

We never market or sell personal information. We may use and disclose your medical records for the following purposes:

1. **Treatment:** Treatment means coordinating, providing, or managing healthcare or related services. An example of treatment is any physical examination we conduct prior to MFR therapy.
2. **Payment:** Payment covers any activities we conduct to be compensated for services we provide you. This includes billing or collection activities.
3. **Healthcare Operations:** We may use and share your information to run our practice, improve your care, and contact you when necessary.

Any other uses and disclosures of your private health information will be made only with your written authorization. You may revoke this authorization in writing and we are required to abide by that request, except to the extent that we have already taken actions relying on your original authorization.

You have the following rights which you can exercise requesting from us in writing:

- The right to a copy of your paper or electronic medical record
- The right to amend your protected health information
- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to your family and friends. We are not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or locations.
- The right to a list of those with whom we've shared your information.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. You may request a written copy of a revised Notice of Privacy Practices from our office.

If you feel your privacy protections have been violated, you have the right to file a written complaint with our office (please email **mfrwisdom@gmail.com**), or with the Department of Health and Human Services about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue S.W. Washington, D.C. 20201 (202) 619-0257

EFFECTIVE DATE: 3/27/25

Please sign and date below to acknowledge that you have received a copy of our Privacy Practices, and have read and understand its contents:

_____ Date: _____
Client Signature