

# Privacy Policy

## **A legal disclaimer**

By scheduling an appointment with us, you acknowledge that you have read, understood, and agreed to the policies and procedures outlined in this Privacy Policy.

## **Our Legal Responsibilities**

We are legally obligated to provide you with this notice, which explains how we may use and disclose your protected health information (PHI), your rights concerning your PHI, and our responsibilities in safeguarding that information. We are committed to maintaining the confidentiality of your PHI and complying with legal obligations regarding its use and disclosure. We may update or modify this privacy policy at any time. If changes are made, we will promptly inform you. This version remains in effect unless we notify you otherwise. Any revised policy will apply to both current and past health information.

You are welcome to request a copy of this policy at any time by contacting Powerful Health and Wellness, LLC at 256-993-0056

## **How We Use and Disclose your Protected Health Information**

Below are examples of how we may use or disclose your PHI. These are not exhaustive, and we may use or disclose your information in other situations as required by law or for operational purposes:

1. **Treatment:** We may use and share your PHI to provide care and treatment. This could include sharing your information with other healthcare providers, medical staff, or trainees involved in your care. For example, we might consult another provider or send a prescription to your pharmacy.
2. **Payment:** Your PHI may be used to facilitate payment for services, including sharing information with your insurance company for claims processing or authorization.
3. **Healthcare Operations:** We may use your PHI for routine operations, such as improving care quality, training staff, and reminding you of appointments via phone, text, or email.
4. **Business Associates:** If we work with third parties (such as billing services), we will ensure they have a contract that requires them to protect your PHI.
5. **Marketing:** We may use your information to send you promotional offers or thank you notes related to our services. You can opt out of these communications at any time.
6. **Appointment Reminders:** We may contact you to remind you of upcoming appointments or follow-up care via text, phone, or email.
7. **Family and Friends:** With your consent or in the event of an emergency, we may disclose your PHI to a family member or friend involved in your care. We will do this based on your verbal agreement or if no objection is raised.
8. **Research:** We will not disclose your PHI for research purposes without your written consent.
9. **Public Health and Safety:** If required by law, we may disclose your PHI to help prevent or control disease, report adverse events, or protect public health. This could include reporting to health authorities or government agencies.
10. **Health Oversight:** We may disclose your PHI to oversight agencies for purposes such as audits or investigations to ensure compliance with healthcare laws.

11. Legal Requirements: We may disclose your PHI in compliance with legal obligations, such as in response to a court order or subpoena.
12. Workers' Compensation: Your PHI may be shared with workers' compensation programs if needed for claims or treatment purposes.

## **Your Rights Regarding Your Protected Health Information**

You have several rights concerning your PHI:

1. Access to Medical Records: You may request access to your medical records. To do so, please submit a written request to our office. A fee may apply for copying and mailing your records.
2. Amendments: If you believe your PHI is incorrect or incomplete, you can request an amendment. We may deny your request if we believe the information is accurate or does not meet the necessary criteria for an amendment.
3. Accounting of Disclosures: You have the right to request a record of disclosures made of your PHI. This list will not include disclosures related to treatment, payment, or healthcare operations. To request this list, submit a written request to our office.
4. Restriction Requests: You may ask us to limit how we use or share your PHI for treatment, payment, or healthcare operations. We will try to accommodate reasonable requests, though some legal disclosures may still occur.
5. Confidential Communication: If you wish to receive communications in a specific way or location, we will accommodate your request if it is reasonable.
6. Paper Copy: If you received this notice electronically, you may request a printed copy by contacting our office.
7. Filing Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or the U.S. Department of Health and Human Services. We will provide the contact information upon request.

## **Contact Information**

For more information or if you have any questions, please contact Powerful Health and Wellness, LLC at 256-993-0056.

This Privacy Policy is effective as of 02/27/2025