

Notice of Privacy Practices

PriorityYou Health Center

Effective Date: _____

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

PriorityYou Health Center is committed to protecting the privacy and security of your protected health information (PHI). We are required by law to maintain the privacy of your health information, provide you with this Notice, and follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your health information without your written authorization for the following purposes:

Treatment

We may use and share your health information to provide, coordinate, or manage your medical care. This may include sharing information with other healthcare providers involved in your care.

Payment

We may use and disclose your health information for billing and payment purposes. This may include processing payments, membership fees, or communicating with laboratories or pharmacies.

Healthcare Operations

We may use your health information for clinic operations such as quality assurance, staff training, record review, compliance activities, and business management.

Other Permitted Uses and Disclosures

We may also use or disclose your health information without your authorization:

- As required by federal, state, or local law
- For public health and safety activities
- To prevent or reduce a serious threat to health or safety
- For health oversight activities
- For law enforcement purposes, as required by law

Uses and Disclosures Requiring Your Authorization

We will obtain your written authorization before using or disclosing your health information for purposes not described in this Notice. You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

Your Rights Regarding Your Health Information

You have the right to:

Access Your Records

You may request to inspect or obtain a copy of your medical records.

Request Corrections

You may request corrections to your health information if you believe it is incorrect or incomplete.

Request Restrictions

You may request limits on how we use or disclose your information. We are not required to agree to all requests.

Request Confidential Communications

You may request that we contact you in a specific way or at a specific location.

Receive an Accounting of Disclosures

You may request a list of certain disclosures of your health information.

Receive a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Our Responsibilities

PriorityYou Health Center is required to: - Maintain the privacy and security of your health information - Notify you following a breach of unsecured health information - Provide you with a copy of this Notice - Follow the terms of this Notice

Changes to This Notice

We reserve the right to change this Notice and make the revised Notice effective for health information we already have as well as information received in the future. The current Notice will be posted on our website and available upon request.

Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

PriorityYou Health Center

Privacy Officer: Ila Mason, FNP-C

Phone: __

Email: __

You may also file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not affect your care.

Acknowledgment of Receipt

You will be asked to acknowledge that you were offered access to this Notice of Privacy Practices. Your acknowledgment does not require that you read this Notice, only that it was made available to you.