



# HIPAA Notice of Privacy Practices

---

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

#### Contact Us

P (888) 925-1462

E [info@freshclinics.com](mailto:info@freshclinics.com)

W [freshclinics.com](http://freshclinics.com)

Provider and its employees are dedicated to maintaining the privacy of your personal health information (“PHI”), as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning Protected Health Information, or PHI, which is information that identifies you and that relates to your physical or mental health condition. We are required to follow the privacy practices described below while this Notice is in effect.

**A. Permitted Disclosures of PHI:** We may disclose your PHI for the following reasons:

**1. Treatment.** We may disclose your PHI to a physician or other health care provider providing treatment to you. For example, we may disclose medical information about you to physicians, nurses, technicians or personnel who are involved with the administration of your care.

**2. Payment.** We may disclose your PHI to bill and collect payment for the services we provide to you. For example, we may send a bill to you or to a third-party payor for the rendering of services by us. The bill may contain information that identifies you, your diagnosis and procedures, and supplies used. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

**3. Health Care Operations.** We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, and other business operations. For example, we may use your PHI to evaluate the performance of the health care services you received. We may also provide your PHI to accountants, attorneys, consultants, and others to make sure we comply with the laws that govern us. We may also give your PHI to business associates to assist us with quality assurance and other activities to improve our health care operations by using de-identification and data aggregation services. Once de-identified for these requested and authorized purposes, the information is no longer PHI and may be used for any purpose, including sale. Further, as part of data aggregation quality assessment activities, raw data will not be shared between different covered entities, and the summary reports and analysis of the raw data are not identifiable of any individual as they only show trends and averages of groups, not individuals.

**4. Emergency Treatment.** We may disclose your PHI if you require emergency treatment or are unable to communicate with us.

**5. Family and Friends.** We may disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object.

**6. Required by Law.** We may disclose your PHI for law enforcement purposes and as required by state or federal law.

**7. Serious Threat to Health or Safety.** We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.

**8. Public Health.** We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data.

**9. Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law.

**10. Research.** We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.

**11. Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs.

**12. Specialized Government Activities.** If you are active military or a veteran, we may disclose your PHI as required by military command authorities.

**13. Organ Donation.** If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.

**14. Coroners, Medical Examiners, Funeral Directors.** We may disclose your PHI to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.

**15. Disaster Relief.** Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

**16. Direct Contact with You.** We may use your PHI to contact you to remind you that you have an appointment, or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

## **B. Disclosures Requiring Written Authorization**

**1. Not Otherwise Permitted.** In any other situation not described in Section A above, we may not disclose your PHI without your written authorization.

**2. Psychotherapy Notes.** We must receive your written authorization to disclose psychotherapy notes, except for certain treatment, payment or health care operations activities.

**3. Marketing and Sale of PHI.** We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.

## **C. Your Rights**

**1. Right to Receive a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.

**2. Right to Access PHI.** You have the right to inspect and copy your PHI for as long as we maintain your medical record.

**3. Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment, or health care operations, except for in the case of an emergency.

**4. Right to Restrict Disclosure for Services Paid by You in Full.** You have the right to restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you paid in full directly to us.

**5. Right to Request Amendment.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record.

**6. Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment or health care operations purposes) during the 6 years prior to the date of your request.

**7. Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI by certain means or at certain locations.

**8. Right to Notice of Breach.** You have the right to be notified if we or one of our business associates becomes aware of a breach of your unsecured PHI.

**D. Changes to this Notice:** We reserve the right to change this Notice at any time in accordance with applicable law.

**E. Acknowledgment of Receipt of Notice.** We will ask you to sign an acknowledgment that you received this Notice.

**F. Questions and Complaints.** If you would like more information about our privacy practices or have questions or concerns, please contact us. Privacy Officer Contact:  
privacy@freshclinics.com

HIPAA Notice of Privacy Practices

ACKNOWLEDGED AND RECEIVED BY:

Patient Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_