

Lily Health and Wellness Center

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HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Rights

You have the right to:

- Obtain a copy of your paper or electronic medical record
 - Request correction of your paper or electronic medical record
 - Request confidential communications
 - Ask us to limit the information we use or share
 - Receive an accounting of disclosures of your health information
 - Obtain a copy of this Notice of Privacy Practices
 - Designate a person to act on your behalf
 - File a complaint if you believe your privacy rights have been violated
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Your Choices

You have certain choices regarding how we use and share your health information. If you have a clear preference, please notify us.

In certain situations, you may instruct us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are unable to express your preferences (for example, due to incapacity), we may share your information if we believe it is in your best interest or necessary to reduce a serious and imminent threat to health or safety.

How We Use and Share Your Health Information

We typically use or share your health information in the following ways:

Treatment

- To provide, coordinate, or manage your mental health care
- To share information with other health professionals involved in your treatment

Health Care Operations

- To run our organization and improve the quality of care
- To contact you when necessary regarding your care

Payment

- To bill and collect payment for services provided

Legal and Public Health Purposes

We may also use or disclose your health information as required or permitted by law, including:

- Workers' compensation claims
- Law enforcement requests and legal proceedings
- Health oversight activities authorized by law
- Public health and safety activities, including preventing disease, reporting adverse medication reactions, and reporting suspected abuse or neglect
- Responding to court orders, subpoenas, or administrative requests
- Assisting coroners, medical examiners, or funeral directors when required
- Special government functions (e.g., military, national security, or protective services)

Your Rights in Detail

Access to Medical Records

You may request an electronic or paper copy of your medical record. We will provide this within the time frame required by law.

Request Amendments

You may request correction of health information you believe is inaccurate or incomplete. We may deny the request but will provide a written explanation within 60 days.

Confidential Communications

You may request to be contacted in a specific way or at a different address. We will honor all reasonable requests.

Request Restrictions

You may request limitations on how we use or disclose your information. We are not required to agree to all requests; however, if you pay for a service in full out-of-pocket, you may request that information not be shared with your health insurer, unless required by law.

Accounting of Disclosures

You may request a list of disclosures of your health information for the six years prior to your request. One accounting per year is provided at no cost; additional requests may incur a reasonable fee.

Complaints

If you believe your privacy rights have been violated, you may file a complaint by contacting:

Lily Health and Wellness Center

Email: admin@lilyhealthmd.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information
- Notify you promptly if a breach occurs that may compromise your information
- Follow the privacy practices described in this notice
- Provide you with a copy of this notice

We will not use or disclose your information other than as described in this notice unless authorized by you in writing. You may revoke your authorization at any time by submitting a written request.

Acknowledgment and Signature

Patient Name (Last, First): _____

Date of Birth: _____

Patient Signature: _____

Date: _____