Integra Health and Wellness Notice of Privacy Practices

Effective Date:

Introduction

At Integra Health and Wellness PLLC, we are committed to protecting the privacy and security of your health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) and your rights regarding your PHI. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit Integra Health and Wellness, a record of your visit is made. This record typically contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Tool for educating healthcare professionals.
- Source of information for public health officials charged with improving the health of this state and the nation.
- Source of data for the facility's planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

How We May Use and Disclose Your Health Information

Integra Health and Wellness may use and disclose your PHI for various purposes, including:

- Treatment: We may use your health information to provide you with medical treatment and services.
- Payment: We may use your health information for billing and payment purposes.
- Healthcare Operations: We may use your health information for activities such as quality improvement, staff training, and administrative functions.
- Required by Law: We may disclose your health information when required by law.
- Public Health: We may disclose your health information for public health activities.
- Law Enforcement: We may disclose your health information to law enforcement officials in limited circumstances.
- Personal Representatives: We may disclose your health information to a person who has the authority to make healthcare decisions on your behalf.
- Business Associates: We may disclose your health information to our business associates who perform functions on our behalf.

Your Rights

- **Right to Inspect and Copy**: You have the right to inspect and copy your PHI.
- **Right to Amend**: You have the right to request an amendment to your PHI if you believe it is incorrect.
- **Right to an Accounting of Disclosures**: You have the right to receive an accounting of certain disclosures we have made of your PHI.
- **Right to Request Restrictions**: You have the right to request restrictions on certain uses and disclosures of your PHI.
- **Right to Request Confidential Communication**: You have the right to request confidential communication of your PHI.
- **Right to a Paper Copy of this Notice**: You have the right to a paper copy of this NPP.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Integra Health and Wellness and with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Information

For questions about this NPP or to exercise your rights, please contact:

Integra Health and Wellness

16201 E Indiana Ave.

Suite 2260

Spokane Valley. 99216

509-970-5750

Changes to this Notice

We reserve the right to change the terms of this NPP and make the new NPP provisions effective for all PHI we maintain. We will provide you with a revised NPP when required by law.

Acknowledgment

I acknowledge that I have received a copy of the Notice of Privacy Practices of Integra Health and Wellness.

Patient's Name: _____

Signature: _____

Date: _____