

Integrative Wellness

and research center inc.™

Finding A Better Way Through Nature™

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.

OUR PLEDGE REGARDING HEALTH INFORMATION

We care about our patient's privacy and are committed to protecting the confidentiality of your medical information at this practice. We create a record of care about the services you receive here. We need this record to provide you with quality care and to comply with certain legal requirements. Current federal legislation requires that we issue this office Notice of our Privacy Practices. You have the right to the confidentiality of your protected health information (PHI) and we respect our legal obligation to keep health information that identifies you private. This practice (all medical professionals, all employees, staff, and other personnel, subsidiaries and business associates (e.g. system software companies)) are required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. We reserve the right to change this Notice at any time as allowed by law. If we change the Notice, the new Privacy Practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices the new Notice will be available upon request, in our office and on our website. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are (if applicable): allergies you may have to certain materials, herbs or supplements, setting up an appointment for you, calling to remind you of an appointment, prescribing herbal supplements, developing treatment plans, or referring you to another doctor, practitioner or clinic for services. Examples of how we use or disclose your health information for payment purposes are: so that the treatment and services you receive from us may be billed and payment may be collected from you; an insurance company or a third party or inquiring about your health care plan(s). "Health care operations" mean those administrative and managerial functions that we must do to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and storage of our records

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS AND SERVICES

We will send electronic appointment reminders as a courtesy to you via text and/or email unless you opt out of that courtesy. We may also contact you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also leave voicemail messages, emails or text messages about your care unless indicated otherwise.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE. When appropriately indicated, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family member or close friend. Proper authorization for release of information to persons other than the patient or getting copies of your health information from another professional that you may have seen before us will be given by written consent from the patient.

RESEARCH

Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. In this situation, your name will not be used without permission, only the results of the treatment.

OTHER USES OR DISCLOSURES THAT CAN BE MADE WITHOUT CONSENT OR AUTHORIZATION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid if applicable; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health-related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to subrogation for worker's compensation or personal injury programs;
disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to business associates (Ex: software company) who perform health care operations for us and who commit to respect the privacy of your health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You are welcome to request, in writing; a restriction; amendment or adjustment to the use or disclosure of your information. All written requests should be addressed to the Privacy Officer at the address listed at the beginning of this Notice. You have the right to:

- request restrictions to our uses and disclosures for purposes of treatment, payment or health care operations. We are not required to agree to your request, and we may decline if we believe it would affect your health care.
- request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full
- communicate with you in a confidential way, such as phoning at work rather than home, by mailing health information to a different address, or via email to your personal email address. We will agree to all reasonable requests.
- ask to see or obtain photocopies of your health information. You will be able to electronically review your information within 5 business days of your written request, once received and/or receive a hard copy of your health information within 15 business days of your written request, once received.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from the date the written request was received.
- a list of all disclosures that we have made within the last six years (or any shorter period).
- additional paper copies of this Notice of Privacy Practices upon request.

Google Analytics

We also use Google Analytics Advertiser Features to optimize our business. Advertiser features include:

- Remarketing with Google Analytics
- Google Display Network Impression Reporting
- DoubleClick Platform integrations
- Google Analytics Demographics and Interest Reporting

By enabling these Google Analytics Display features, we are required to notify our visitors by disclosing the use of these features and that we and third-party vendors use first-party cookies (such as the Google Analytics cookie) or other first-party identifiers, and third-party cookies (such as the DoubleClick cookie) or other third-party identifiers together to gather data about your activities on our Site. Among other uses, this allows us to contact you if you begin to fill out our check-out form but abandon it before completion with an email reminding you to complete your order. The “Remarketing” feature allows us to reach people who previously visited our Site, and match the right audience with the right advertising message.

You can opt-out of Google’s use of cookies by visiting Google’s ad settings and/or you may opt-out of a third-party vendor’s use of cookies by visiting the [Network Advertising Initiative opt-out page](#).

Facebook

As advertisers on Facebook and through our Facebook page, we, (not Facebook) may collect content or information from a Facebook user and such information may be used in the same manner specified in this Privacy Policy. You consent to our collection of such information.

We abide by Facebook’s Data Use Restrictions.

- Any ad data collected, received, or derived from our Facebook ad (“Facebook advertising data”) is only shared with someone acting on our behalf, such as our service provider. We are responsible for ensuring that our service providers protect any Facebook advertising data or any other information obtained from us, limit our use of all of that information, and keep it confidential and secure.
- We do not use Facebook advertising data for any purpose (including retargeting, commingling data across multiple advertisers’ campaigns, or allowing piggybacking or redirecting with tags), except on an aggregate and anonymous basis (unless authorized by Facebook) and only to assess the performance and effectiveness of our Facebook advertising campaigns.
- We do not use Facebook advertising data, including the targeting criteria for a Facebook ad, to build, append to, edit, influence, or augment user profiles, including profiles associated with any mobile device identifier or other unique identifier that identifies any particular user, browser, computer or device.
- We do not transfer any Facebook advertising data (including anonymous, aggregate, or derived data) to any ad network, ad exchange, data broker, or other advertising or monetization-related service.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, please send a written complaint to the Privacy Officer at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

HIPAA Notice of Privacy Practices Acknowledgement

By signing this form below, I acknowledge I have been presented with the Notice of Privacy Practices explaining my rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding my individually identifiable protected health information (PHI) and have reviewed it carefully. I acknowledge that I have received a copy of HIPAA Notice of Privacy Practices and I consent to the use and disclosure of my PHI for purposes of treatment, payment or other health care operations. Other uses of my PHI will require an authorization from me for the specific intention of disclosure.

Thank you for your continued confidence in our practice and for supporting our requirements.

Signature of Patient, Legal Representative, or Parent/Guardian* Date*

Printed Name of Patient, Legal Representative, or Parent/Guardian*

Relationship to Patient
