

# **Integriva Health & Wellness<sup>SM</sup> — Notice of Privacy Practices (HIPAA)**

## **OUR LEGAL RESPONSIBILITIES**

We are required by law to give you this notice, which provides information about how we may use and disclose Protected Health Information (PHI) about you, and explains your rights and our legal obligations regarding that information. We are committed to maintaining the privacy of your protected health information and to providing you with notice of our legal duties and privacy practices under federal law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We have the right to change our privacy policies at any time. If our policies change, we will notify you by updating this notice on our website or providing you with a revised copy. Any updates will apply to both current and past health information we maintain. You may request a copy of this notice at any time by contacting us at [integrivahealth@gmail.com](mailto:integrivahealth@gmail.com) or 516-421-3589.

## **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

### **Treatment:**

We may use and disclose your health information to provide you with medical care. For example, we may share your information with other healthcare providers involved in your care or with your pharmacy when prescriptions are sent electronically.

### **Payment:**

Your health information may be used to obtain payment for your healthcare services, such as submitting information to an insurance company for prior authorization or payment processing.

### **Health Care Operations:**

We may use your health information for practice operations such as quality review, staff training, and administrative tasks. For example, we may use your contact information to send appointment reminders by text, phone, or email. If we share your information with third-party service providers ('business associates'), we have a written agreement requiring them to protect your PHI.

### **Appointment Reminders:**

We may contact you with appointment reminders for initial, follow-up, or annual visits through secure text, phone call, or email.

### **Marketing:**

We may occasionally send you information about services that may benefit your health, such as new wellness programs. You can opt out of marketing communications at any time.

**Individuals Involved in Your Care:**

We may disclose your health information to family members or others involved in your care if you provide verbal permission or if, in our professional judgment, it's in your best interest (such as during an emergency).

**Public Health and Legal Requirements:**

We may share information when required by law, including for public health reporting, preventing disease, or complying with court orders, subpoenas, or regulatory requirements.

**Research, Organ Donation, and Oversight:**

We will not use your health information for research without your authorization. We may release limited information for organ donation coordination or health oversight agency audits, if required by law.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Access:**

You have the right to access and receive copies of your health information used to make decisions about your care. Requests must be made in writing, and reasonable copy fees may apply.

**Amendment:**

If you believe your information is inaccurate or incomplete, you may request an amendment in writing. If your request is denied, you will receive a written explanation.

**Accounting of Disclosures:**

You may request a record of certain disclosures of your information (excluding those for treatment, payment, or operations). Fees may apply for additional requests.

**Restriction Requests:**

You may request restrictions on how your PHI is used or shared. We will honor your request unless the disclosure is required by law or necessary for emergency care.

**Confidential Communication:**

You may request that we communicate with you in a specific way (e.g., only via secure email). We will accommodate reasonable requests.

**Paper Copy:**

You may request a paper copy of this notice even if you've agreed to receive it electronically.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with our office or directly with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights. We will not retaliate against you for filing a complaint.

To file a complaint with HHS:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)