FULL LIFE HORMONE SPECIALISTS, LLC

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

Uses and Disclosures

Treatment. Your health information (medical record) may be used by staff members and physicians or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members or physicians.

Payment. Your health information (medical record) may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Healthcare operations. Your health information (medical record) may be used as necessary to support the day-to-day activities and management of FULL LIFE HORMONE SPECIALISTS, LLC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality healthcare.

Law enforcement. Your health information (medical record) may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your health information (medical record) may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above **requires your specific written authorization.** If you change your mind after authorizing a use or disclosure of your information, you may submit a **written revocation** of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Fund-raising. It is not the practice of FULL LIFE HORMONE SPECIALISTS, LLC. to engage in fund raising projects internally or in cooperation with outside [illegible]

Acknowledgement of receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of FULL LIFE HORMONE SPECIALISTS, LLC. This notice provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

SIGNATURE

I have received a copy of the Notice of Privacy Practices for FULL LIFE HORMONE SPECIALISTS, LLC.

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Printed Name of Patient

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Signature of Patient

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Date

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Signature of Patient Representative-if patient is a minor or an adult who is unable to sign this form.

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Relationship of Patient Representative to Patient

FOR OFFICE USE ONLY:

INABILITY TO OBTAIN ACKNOWLEDGEMENT

This section to be completed only if no signature is obtained above. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Provider Representative: ____________________ Date: ____________

Efforts made to distribute notice: ____________________________

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