

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.

Effective Date: _____

WHO WE ARE

Holistic Origin Her Wellness is a telehealth-based women's health practice owned and operated by Feonie Eleuterio, FNP-BC.

We are committed to protecting the privacy and confidentiality of your protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this notice currently in effect.
- Notify you following a breach of unsecured protected health information when required by law.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

FOR TREATMENT

We may use and disclose your health information to provide, coordinate, or manage your healthcare.

Examples include:

- Reviewing laboratory results
- Medication management
- Care coordination
- Referral coordination
- Consultation with other healthcare providers involved in your care

FOR PAYMENT

We may use and disclose your health information to obtain payment for healthcare services.

Examples include:

- Insurance claims submission
- Payment processing
- Collection of balances owed
- Verification of benefits

FOR HEALTHCARE OPERATIONS

We may use and disclose health information for practice operations.

Examples include:

- Quality improvement activities
- Staff training
- Compliance activities
- Risk management
- Credentialing
- Clinical audits

APPOINTMENT REMINDERS

We may contact you regarding:

- Scheduled appointments
- Follow-up visits
- Preventive health reminders
- Care coordination activities

COMMUNICATION METHODS MAY INCLUDE

- Telephone
- Secure patient portal
- Email
- Text message, when permitted

BUSINESS ASSOCIATES

We may share information with trusted vendors that help us operate our practice.

Examples include:

- OptiMantra Electronic Health Record
- Billing vendors
- Telehealth vendors
- Secure technology providers
- Laboratory partners

These organizations are required to protect your information.

AS REQUIRED BY LAW

We may disclose information when required by federal, state, or local law.

PUBLIC HEALTH ACTIVITIES

We may disclose information for:

- Disease reporting
- Public health investigations
- Health oversight activities
- Regulatory compliance

HEALTHCARE OVERSIGHT

Information may be disclosed to government agencies responsible for monitoring healthcare quality, licensing, inspections, and regulatory compliance.

LAW ENFORCEMENT

Certain disclosures may be required for law enforcement purposes when authorized by law.

RESEARCH

Health information may be used or disclosed for research only when permitted by law and appropriate safeguards are in place.

TO AVERT A SERIOUS THREAT

We may disclose information when necessary to prevent a serious threat to health or safety.

YOUR RIGHTS

RIGHT TO ACCESS

You have the right to inspect and obtain copies of your healthcare records, subject to applicable laws.

RIGHT TO REQUEST CORRECTIONS

You may request amendments to your health information if you believe information is incomplete or inaccurate.

RIGHT TO REQUEST RESTRICTIONS

You may request restrictions regarding certain uses or disclosures of your information.

RIGHT TO CONFIDENTIAL COMMUNICATIONS

You may request that communications be sent through alternative methods or locations when reasonable.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You may request a list of certain disclosures made outside of treatment, payment, and healthcare operations.

RIGHT TO RECEIVE A COPY OF THIS NOTICE

You may request a paper or electronic copy of this Notice at any time.

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

Complaints may be submitted to:

Holistic Origin Her Wellness

Privacy Officer:

Feonie Eleuterio, FNP-BC

Email: _____

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights

No retaliation will occur for filing a complaint.

TELEHEALTH PRIVACY

Holistic Origin Her Wellness utilizes HIPAA-compliant telehealth technology.

Although reasonable safeguards are used, electronic communication involves inherent risks.

Patients acknowledge these risks through the Telehealth Consent process.

OPTIMANTRA ELECTRONIC HEALTH RECORD

Holistic Origin Her Wellness utilizes OptiMantra as its electronic health record, patient portal, telehealth communication platform, and documentation system.

Information entered into OptiMantra becomes part of your official healthcare record.

AI-ASSISTED DOCUMENTATION

The practice may utilize HIPAA-compliant artificial intelligence-assisted documentation tools to support clinical documentation and administrative efficiency.

The provider remains responsible for reviewing and approving all medical records.

No healthcare decisions are made solely by artificial intelligence systems.

SPECIAL AUTHORIZATIONS

Certain disclosures require your written authorization.

Examples may include:

- Marketing communications
- Release of information to non-treatment third parties
- Certain sensitive disclosures required by law

You may revoke an authorization in writing at any time unless action has already been taken in reliance upon the authorization.

CHANGES TO THIS NOTICE

Holistic Origin Her Wellness reserves the right to revise this Notice of Privacy Practices at any time.

Updated versions will be posted on our website and made available through the patient portal.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received or been offered a copy of the Holistic Origin Her Wellness Notice of Privacy Practices.

Patient Name: _____

Patient Signature: _____

Date: _____

Provider Representative: _____

Date: _____