NOTICE OF PRIVACY PRACTICES

Effective Date: _____
Holistic Origin Her Wellness™

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 COMMITMENT TO YOUR PRIVACY

Holistic Origin Her Wellness™ is committed to protecting the privacy and security of your protected health information (PHI). This Notice describes how we may use and disclose your PHI, your rights regarding your health information, and our legal responsibilities.

This Notice applies to protected health information created or received in connection with consultation services provided by Holistic Origin Her Wellness™.

TREATMENT

We may use and disclose your PHI to provide, coordinate, or support healthcare consultation services and appropriate care navigation.

- Reviewing your health history, medications, allergies, laboratory results, imaging reports, and other relevant health information
- Providing individualized consultation guidance and recommendations
- Communicating with another healthcare professional involved in your care when permitted or appropriate
- Making or supporting referrals to another healthcare professional or facility

Holistic Origin Her Wellness™ provides consultation services and does not provide ongoing medication or prescription management as part of its consultation model.

PAYMENT

We may use and disclose PHI as reasonably necessary to obtain or process payment for services provided by Holistic Origin Her Wellness™.

- Processing cash-pay consultation payments
- Maintaining billing and payment records
- Responding to patient billing questions
- Supporting legally required billing, accounting, or financial activities

Holistic Origin Her Wellness™ does not bill insurance for its consultation services. Outside providers, laboratories, pharmacies, facilities, or other organizations may have their own billing and privacy practices.

HEALTHCARE OPERATIONS

We may use and disclose PHI for healthcare operations necessary to run the practice and maintain quality, compliance, and security.

- Quality assessment and improvement
- Professional review and compliance activities
- Training and administrative functions
- Legal, accounting, and risk-management activities
- Technology, security, and healthcare operations

OTHER USES & DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose PHI without your written authorization when permitted or required by law, including for public health and safety activities, legally required reporting, health oversight, judicial or administrative proceedings, law-enforcement purposes, coroners or medical examiners, workers' compensation when applicable, and other uses or disclosures permitted or required by law.

MORE PROTECTIVE LAWS

When federal or applicable state law provides greater privacy protection than HIPAA, Holistic Origin Her Wellness™ will follow the more protective requirement. Because consultation services may involve patients located in New York, New Jersey, and Connecticut, additional state privacy requirements may apply depending on the information and circumstances.

USES & DISCLOSURES REQUIRING YOUR AUTHORIZATION

Uses and disclosures of PHI that are not otherwise permitted or required by law generally require your written authorization. This may include certain marketing uses, sale of PHI, and other uses not described in this Notice. If you provide written authorization, you may revoke it in writing at any time, except to the extent action has already been taken in reliance on it.

SUBSTANCE USE DISORDER RECORDS

Certain substance use disorder records may receive additional protection under federal law, including 42 CFR Part 2, when those requirements apply. Holistic Origin Her Wellness™ will handle such information in accordance with applicable federal and state requirements. The practice does not represent itself as a federally assisted Part 2 substance use disorder treatment program.

YOUR HEALTH INFORMATION RIGHTS

- Inspect or obtain a copy of health information maintained about you in a designated record set, including an electronic copy when applicable
- Request correction or amendment of information you believe is incorrect or incomplete
- Request confidential communications
- Request restrictions on certain uses or disclosures
- Request an accounting of certain disclosures
- Receive a paper or electronic copy of this Notice
- Choose a legally authorized person to act for you
- File a privacy complaint without retaliation

RESTRICTIONS FOR SERVICES PAID IN FULL OUT OF POCKET

When applicable law requires us to agree to a restriction, including certain disclosures to a health plan for services paid in full out of pocket when the legal requirements are met, we will comply.

PRIVACY COMPLAINTS

You may file a complaint with Holistic Origin Her Wellness™ if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Holistic Origin Her Wellness™ will not retaliate against you for filing a privacy complaint or exercising your privacy rights.

OUR RESPONSIBILITIES

- Maintain the privacy and security of your protected health information as required by law
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your information
- Follow the duties and privacy practices described in the Notice currently in effect
- Provide you with a copy of this Notice upon request
- Use or disclose your information only as described in this Notice, as authorized by you, or as otherwise permitted or required by law

ELECTRONIC HEALTH RECORD, TELEHEALTH & PATIENT PORTAL

Holistic Origin Her Wellness™ uses healthcare technology to maintain health records, provide telehealth consultations, communicate through a patient portal, support scheduling, and perform practice operations. We use reasonable administrative, technical, and physical safeguards designed to protect PHI, but no electronic system can guarantee absolute security.

AI-ASSISTED DOCUMENTATION

Holistic Origin Her Wellness™ may use technology, including AI-assisted documentation tools, to support documentation and administrative efficiency when permitted by applicable law and practice policy. The provider remains responsible for reviewing and approving clinical documentation and exercising independent professional judgment. When a technology vendor receives or maintains PHI on behalf of the practice and qualifies as a HIPAA business associate, appropriate contractual safeguards will be used as required by law.

BUSINESS ASSOCIATES

We may use third-party service providers that perform functions on behalf of the practice and may receive PHI as necessary to perform those functions. When a third party qualifies as a business associate under HIPAA, we require appropriate contractual protections for PHI as required by law.

PERSONAL REPRESENTATIVES & SUPPORT PERSONS

We may communicate with a legally authorized personal representative as permitted by law. With your agreement, permission, or as otherwise permitted by law, we may share information relevant to your care or consultation with a family member, partner, caregiver, or other person involved in your care.

MINORS

Holistic Origin Her Wellness™ provides consultation services to adults age 21 years and older. The practice does not provide consultation services to minors.

CHANGES TO THIS NOTICE

We may change the terms of this Notice and the revised Notice may apply to PHI we already maintain as well as information we receive in the future. The current Notice will be available upon request and posted on the Holistic Origin Her Wellness™ website as required.

PRIVACY CONTACT

Holistic Origin Her Wellness™

Privacy Contact/Official: _____

Email: _____

Telephone: _____

Website: www.holisticoriginherwellness.com

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received or was provided access to the Holistic Origin Her Wellness™ Notice of Privacy Practices.

Signing this acknowledgment confirms receipt of the Notice. It does not authorize uses or disclosures of your health information beyond those permitted by law.

Patient Name: _____

Patient Signature: _____

Date: _____