



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.

Vendetti Wellness Group, PC (collectively referred to sometimes as WE) are committed to protecting your health information. This Notice of Privacy Practices describes your rights and our duties under Federal Law to protect your health information.

We are required by law to maintain the privacy of your health information provide you with notice of our legal duties and privacy practices with respect to your health information and to notify you following a breach of unsecured health information related to you. We are required to abide by the terms of this Notice. This Notice is effective as of Feb 1, 2021. This Notice will remain in effect until it is revised. We are required to modify this Notice when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice, consistent with applicable law and our current business processes, at any time. Any new Notice will be effective for all health information that we maintain at that time. Notification of revisions of this Notice will be provided as follows:

1. Upon request
2. Electronically via our website or via other electronic means and
3. As posted in our place of business.

In addition to the above, we have a duty to respond to your requests. We support and value your right to privacy and are committed to maintaining reasonable and appropriate safeguards for your health information.

How We May Use and Disclose Health Information About You

Treatment: When you agree, by signing a release of information, we may use and disclose your health information to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services will access your health information to understand your medical condition and history. This information may be provided to other health care professionals or facilities that are involved in treating you. We may also request your medical information from other health care providers you have previously seen to assist in your care, upon your permission.

Payment: We will use and disclose your medical information to obtain or provide compensation or reimbursement for providing your health care. The information on or accompanying a bill may include information that identifies you. We may disclose information about you to your health plan so that the health plan may determine your eligibility for payment of certain benefits. If there is someone making payments for services on your behalf and they have a question regarding the bill, there may need to be certain treatment items shared.

Business Associates: We may disclose your health information to business associates (individuals or entities that perform critical functions on our behalf) provided they agree to safeguard the information, complying with HIPAA guidelines.



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Required by Law: We may use and disclose information about you as required by law. For example, we are required to disclose information about you to the U.S. Department of Health and Human Services if it requires such information to determine that we are complying with federal privacy law.

Others Involved in Your Care: When you agree, by signing a release of information, we may disclose relevant health information to a family member, friend, or anyone else you designate for that person to be involved in your care or payment related to your care. We may also disclose health information to those assisting in disaster relief efforts so that others can be notified about your condition, status, and location.

Appointment Reminders: We may call, email, or send you notification to remind you of scheduled appointments, missed appointments, or that it is time to make your appointment. We may also call or write to notify you of other treatments or services available at our office that might benefit you.

Public Health: We may use or disclose your health information to assist public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other public health activities such as reporting reactions to medications or problems with products, enabling product recalls, repairs or replacements to the Food and Drug Administration and conducting post marketing surveillance.

Reporting Suspected Abuse: We may disclose health information to an appropriate government authority, including a protective services agency, if we believe an individual is the victim of abuse, neglect, or domestic violence. We will inform the individual that we have made such a report, unless we believe that doing so would place the individual at serious risk of harm. We will make such reports only as required or authorized by law, or if the individual agrees. Once such a report is filed, we may be required to provide additional information.

Law Enforcement: Under certain circumstances, we may disclose your health information to law enforcement officials. These circumstances include reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises and crimes in emergencies.

Judicial and Administrative Proceedings: We may disclose information in response to an appropriate subpoena, discovery request or court order.

Health and Safety: We may disclose your health information as necessary to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Safety: If a client communicates a threat, or if we believe a client presents a threat of imminent serious physical violence against a readily identifiable individual, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

If we believe the client presents a threat of imminent serious physical harm to oneself, we may be required to take protective action. These actions may include contacting the police or others who could assist in protecting the client or seeking hospitalization for the client. We make every effort to fully discuss it with you before taking any action.



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Workers' Compensation: We may disclose health information when authorized and necessary to comply with laws relating to Workers' Compensation or other similar programs.

Other than as described above, we may not use or disclose your health information without your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use, or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization.