

## 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.

Dr. Ian Hollaman & Dr. Karen Hollaman (providers) dba Red Tail Wellness Centers is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### **Disclosure of Your Health Care Information**

**Treatment:** We may disclose your healthcare information to other healthcare providers within our practice for the purpose of treatment, payment or healthcare operations. (Example)

*It is our policy to provide a substitute health care provider, authorized by the providers dba Red Tail Wellness Centers to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary healthcare provider's absence due to vacation, sickness or other emergency situations.*

**Workers Compensation:** We may disclose health information as necessary to comply with State Workers' Compensation Laws.

**Emergencies:** We may disclose health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of emergency or of your death.

**Public Health:** As required by law, we may disclose health information to public health authorities for purposes related to: preventing or controlling diseases, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administrations problems with products and reactions to medications, and reporting disease of infectious nature.

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement:** We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**Deceased Persons:** We may disclose your health information to coroners or medical examiners

**Research:** We may disclose your information to researchers conducting research that has been approved by an Institutional Review Board.

**Public Safety:** It may be necessary to disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**Specialized Government Agencies:** We may disclose your health information for military, national security, prisoner and government benefit purposes.

**Marketing:** We may contact you for marketing purposes as described below:

As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

As a service to our patients, it is our policy to occasionally send a health newsletter or a flyer regarding an upcoming health class offered on our premises. It is not our policy to disclose any personal health information about your condition for the purpose of these marketing mailings.

It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times of charitable events, we may send you a letter, postcard, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, date and times and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purposes of the providers dba Red Tail Wellness Centers fund raising-events.

Occasionally we will send birthday cards or holiday greetings or health reminders to our patients. It is not our policy to disclose any personal health information about your condition in these mailings.

**Change of Ownership:** In the event that the providers dba Red Tail Wellness Centers is sold or merged with another organization, your health information/record will become the property of the new owner.

### **Your Health Information Rights**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that the providers dba Red Tail Wellness Centers is not required to agree to the restriction you requested.
- You have the right to have your health information received or communicated through an alternative method when sent to an alternate location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy health information
- You have a right to request that the providers dba Red Tail Wellness Centers amend your protected health information. Please be advised, however, that the providers dba Red Tail Wellness Centers is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can't disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by the providers dba Red Tail Wellness Centers.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices**

The providers dba Red Tail Wellness Centers reserves the right to amend this Notice of Privacy Practice at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, the providers dba Red Tail Wellness Centers is required by law to comply with this Notice.

The providers dba Red Tail Wellness Centers is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect of your health information. If you have any questions regarding this notice or if you want information about your privacy rights, please contact: Dr. Ian Hollaman and Dr. Karen Hollaman by calling 303.882.8447. If Dr. Ian Hollaman and Dr. Karen Hollaman are not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

**Complaints**

Complaints about your Privacy Rights, or how the providers dba Red Tail Wellness Centers has handled your health information should be directed to Dr. Ian Hollaman and Dr. Karen Hollaman by calling this office at 303.882.8447. If Dr. Ian Hollaman and Dr. Karen Hollaman are not available you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in the notice.

By way of signature, I give the providers dba Red Tail Wellness Centers my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Notice.

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Facility Signature

\_\_\_\_\_  
Date