Well Family Care Corporation
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HIPAA Notice of Privacy Practice

This is 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.

This notice of Privacy Practice describes how we may use and disclose your protected health information (PHI).

We may use and disclose your PHI only for each of the following only for each of the following purpose: treatment, payment and health care operations.

> **Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.**
> **Payment means such activities as obtaining reimbursement for services, confirming coverage, and billing activities.**
> **Health care operations include the business aspects of running our practice such as conducting quality assessment, employee review activities, licensing, auditing or arranging for other business activities.**

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the privacy officer. These rights include:

> **To request restrictions on certain use and disclosures of PHI;**
> **To inspect and copy PHI;**
> **To amend you PHI;**
> **To receive an accounting of disclosure of PHI; and**
> **To obtain a paper copy of this notice from us upon request.**

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician or the physician's practice has taken an action on reliance on the user or disclosure indicated in the authorization.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practice with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA compliance officer in person or by phone.

Signature below is only an acknowledge that you have received this notice of our privacy practices.

Print Name: _____

Signature: _____ Date: _____