**Notice of Privacy Practices**

**Your Information. Your Rights. Our Responsibilities.**

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.**

**Health and Medical Information**

Certain health and medical information about you is protected under the Health Insurance Portability and Accountability Act (“HIPAA”) and applicable state law. This information may be provided by you online or offline or may be collected by us from other methods such as through a health care provider. We protect covered health and medical information as required by HIPAA and applicable state law. Similarly, we may use covered health and medical information as permitted by HIPAA and applicable state law.

**Security/Confidentiality**  
No transmission of data over the Internet or any wireless network can be guaranteed to be 100 percent secure. We will, however, use a number of physical security methods (such as locks and alarm systems); electronic security methods (passwords and encryption methods); and procedural methods (rules regarding the handling and use of information) to protect the security and integrity of information submitted through this website.

We will provide you access to a secure portal for communication between you and your health coach, scheduling of your coaching sessions, and access to any health-related documents.

**Email**  
Most email does not provide a completely secure and confidential means of communication. It is possible that your email could be viewed inappropriately by another Internet user. If you choose to provide us with your email, any misaddressing may result in others intercepting, altering, forwarding or using the information without authorization. **If you wish to keep your information completely private, you should not use email.**

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

* You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
* We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
* We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will say “yes” to all reasonable requests

**Get a list of those with whom we’ve shared information**

* You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**File a complaint if you feel your rights are violated**

* You can complain if you feel we have violated your rights by contacting us using the information on page 1.
* You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
* We will not retaliate against you for filing a complaint.

**Our Responsibilities**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information without your express permission unless required to do so by law. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**.**

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Other Instructions for Notice**

* Effective Date of this notice: October 1, 2019
* Privacy official: Michelle Mortimer, President Wellness Works [michelle@wellness-works.net](mailto:michelle@wellness-works.net) (802)579-5138
* We never market or sell personal information