



## **HIPPA/Notice of Privacy Policies**

Radiance Health and Wellness is committed to protecting the privacy of your personal health information.

If you have any questions about this Notice, please contact Amy Black, 804-928-2171.

This Notice of Privacy Practices describes how we may use your personal protected health information to carry out treatment, payment, or health care operations. We may also share you information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your personal health information. Radiance Health and Wellness is required by law to keep your personal health information private. We will abide by the terms in this Notice.

We may change our notice, at any time and will make changes available in the office, in paper form by request, or on the website.

We may use or share your personal health information to provide health care treatment for you. Your personal information may be used and disclosed by your provider and others outside our office that are involved in your care and treatment for the purpose of providing health care to you.

Your information may be provided to another health care provider to whom you have been referred for evaluation to ensure that the provider has the necessary information to diagnose or treat you. We may also share your personal information with another provider who becomes involved in your care by aiding with your health care diagnosis or treatment.

We may also share your personal health information with people outside of this practice that may provide medical care for you such as a home health care agency.

We may use and disclose your personal health information to obtain payment for services. We may provide your personal health information to others to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.

Your personal health information may be shared with billing companies, insurance companies, health plans or government agencies to assist with qualification of benefits. We may use or disclose your personal health information to support the business activities of this practice, for example, if we are training students or other health care



providers, ancillary staff, or to assist in resolving problems or complaints within the practice.

It is possible that your personal health information will be used without your permission in certain circumstances, such as:

1. If it is required by law.
2. For the purposes of controlling disease such as a reportable public health disease
3. Health oversight agencies for activities authorized by law, such as audits, investigations, and inspections. This would be a governmental agency that oversees the health care system and civil rights laws.
4. Legal – to assist with responses to court orders, in response to a subpoena or other lawful processes.
5. Police or other law enforcement purposes.
6. Coroner or medical examiner for identification purposes, determining cause of death.
7. National security purposes if you are a member of the military.
8. Correctional institutions if you are an inmate or under custody of the law.
9. Workers' compensation – to comply with workers' compensation laws and other legally established programs.

We may share your personal health information with your friends or family members, or other people directly identified by you. If you are not present or able to agree/ object, the provider will use her professional judgement and will determine if it is in your best interest to share the information. We may use your personal health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition, or in the event of death. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

All other uses and disclosures will require a written authorization from you or your Power of Attorney. You must authorize in writing how you would like your personal health information used and disclosed. You may revoke your authorization at any time in writing.

You have the right to see and obtain a copy of your protected health information. You have the right to request a restriction of your protected health information and you may request Radiance Health and Wellness not to use or disclose any of this information for the purposes of treatment, payment, or healthcare options. We are not required to agree with these requests. If we agree to a restriction request, we will honor the restriction request unless the information is needed to provide emergency treatment.



You have the right to request us to communicate in different ways or in different locations such as mailing information as opposed to emailing information.

You may have the right to request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request to an amendment- you can disagree.

You have the right to a list of people or organizations who have received your health information from our practice.

You have the right to obtain a paper copy of this notice. You also have a right to receive notification of any breach of your protected health information. If you believe that we have violated your rights or have a complaint about our privacy practices you can contact Amy Black, 804-928-2171. You may also complain to the US Secretary of Health and Human Services if you believe that your privacy rights have been violated. If you file a complaint, we will not retaliate against you for filing a complaint. This notice is effective December 1, 2022.