



HIPAA NOTICE OF PRIVACY PRACTICES STATEMENT

THIS NOTICE DETAILS HOW YOUR PROTECTED HEALTH INFORMATION AND PERSONAL IDENTIFIABLE INFORMATION MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Rx Integrative Solutions, which is covered by regulations pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is required by law to maintain the privacy of your protected health information and personal identifiable information, give you notice of our privacy practices and follow the terms of this notice. This notice applies to records of your care that are maintained by Rx Integrative Solutions for a period of seven years after your office visit.

Protected Health Information (PHI)

- Medical History
- Surgical History
- Laboratory and Other Diagnostic Test Results

Personal Identifiable Information (PII)

- Name
- Telephone Number
- Email Address
- Age
- Gender

How Your PII and PHI May Be Disclosed

We may use your PII and PHI to provide you with health consultation services.

We may use and disclose your PII and PHI so that payment may be collected from you. For example, we may need to give your information to our billing department.

We may disclose your PII and PHI to contact you as a reminder that you have an appointment for health consultation services.

We may disclose your PII and PHI to recommend you schedule an appointment with a physician, when necessary, to prevent a serious threat to your health and safety.

We may use your name and personal testimony from our Patient Satisfaction Survey in company marketing and advertising, only with your written permission.

Other disclosures of your PII and PHI not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time.

You have the right to inspect and obtain a copy of your PII and PHI retained on file with the Corporation.

If this privacy policy changes, the revised policy will be made available to you at the time of service. You have the right to a copy of this notice and may also request a copy of the Rx Integrative Solutions HIPAA Notice of Privacy Practices to accompany this Statement.

I have reviewed the Rx Integrative Solutions HIPAA Notice of Privacy Practices Statement, understand, and agree to its contents.

Full Name _____

Date _____

Effective February 1, 2005
Last Revision June 2, 2020