

DISCOVERY180 INTEGRATIVE SOLUTIONS, PLLC

Notice of Privacy Practices

Last Revised: September 18, 2017

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.

Discovery180 Integrated Solutions, PLLC and its representatives, agents and consultants are bound by federal confidentiality laws (42 CFR Part 2 and 45 CFR Parts 160 and 164, Subparts A and E). Your healthcare records are Protected Health Information (PHI) about you and your health. These laws protect the confidentiality of this information. PHI is information about you, including demographic information that may identify you as a patient. This information relates to your past, present and future physical or mental health or condition and related healthcare services.

As part of our normal business, there may be meetings or other events held onsite resulting in visitation from individuals such as existing or former patients, family members, friends, etc. All visitors are required to sign in at reception and, by doing so, are verifying that they understand the confidentiality of our patients should be protected.

How We May Use and Disclose Health Information about You:

For Treatment: We will use and disclose your health information to provide you with treatment services. With your authorization, we may use and disclose your health information as part of a referral to a specialist physician or for other treatment related services if necessary. Your authorization is not required in a medical emergency; however, the information released will be limited to only that which is necessary for the emergency services being rendered.

For Payment: With your authorization, we may use and disclose your health information to receive payment for the treatment services provided if applicable.

For Healthcare Operations: We may use and disclose your protected health information for administrative purposes in order to evaluate the quality of care that you receive through audits and / or on-site inspections by licensing and accrediting entities or through our normal course of business with other entities with whom we have a Business Associate Agreement. These agreements are put in place to help protect your PHI from further disclosure and to specify that they are responsible for the security of that information.

Without Authorization: We may use or disclose identifiable health information about you without your authorization for several other reasons, subject to certain requirements - for public health purposes, abuse or neglect reporting, auditing purposes, by court order and in medical emergencies. We provide information when required by law, such as for law enforcement if you commit a crime on program premises or against program personnel.

With Authorization: In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

You have the following rights regarding the PHI we maintain about you:

Right to Access, Inspect and Copy: You have the right to look at (which may be restricted under certain circumstances) your health information used to make decisions about you and your care. This is usually done in the presence of the physician or staff. You have the right to a copy of your records. If you are a current patient and wish to receive a copy of your records, you will need to request these in writing. Your records will be forwarded to you within two weeks. We may charge a reasonable cost-based fee for copies.

Right to Amend: If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we amend the information. We are not required to agree to the amendment. The request for amendment must be in writing. Please contact the Privacy Officer listed below.

Right to an Accounting of Disclosures: You have the right to request, in writing, an accounting of the disclosures we make of your PHI for reasons other than treatment, payment or healthcare operations.

Right to Request Restrictions: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You have the right to request in writing a restriction or limitation on the use of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request.

Right to a Copy of This Notice: You have a right to a copy of this notice.

Complaints: You have the right to file a complaint in writing to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. The person listed below can provide you with the appropriate address upon request. We will not retaliate against you for filing a complaint.

Our Legal Duty: We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice on our www.Discovery180.com website. You can also request a copy of our notice at any time. If you have any questions or need more information about this Notice of Privacy Practices, please contact our Privacy Officer at:

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