



RESET HEALTH AND WELLNESS, PLLC
NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Reset Health and Wellness, PLLC (“Reset,” the “Practice,” “we,” “our,” or “us”) understands that your health information is personal, and we are committed to protecting health information about you. We create a record of the care and services you receive from Reset. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices (“NPP” or “Notice”) applies to all of the protected health information and records of your care and billing for that care that we generate or maintain, whether made by Reset personnel or other health care providers. Protected health information is the information we create and obtain in providing services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

If you have any questions about this Notice, please contact our HIPAA Privacy Officer at (919) 443-9577 or by mail at:

Reset Health and Wellness, PLLC
Attn: HIPAA Privacy Officer
1444 Jeffreys Road #6

Rocky Mount, NC 27804

HOW WE TYPICALLY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways that we typically use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use or disclose health information about you to provide you with medical treatment or services. We may disclose health information about you to other personnel who are involved in taking care of you within the Practice. Reset may share health information about you in order to coordinate your care, including to people outside Reset who may be involved in your care. For example, we may communicate with a physician who referred you about your treatment, as well as any other health issues you may have, to determine the best plan of care.

For Payment

We may use and disclose health information about you so that you can be reimbursed for the treatment and services you receive at Reset by your insurance company or a third party. For example, in order for you to be reimbursed for the services you receive, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose health information about you for our day-to-day health care operations. These uses and disclosures are necessary to run our operations and to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating our clinical protocols.

OTHER WAYS WE MAY USE OR SHARE YOUR HEALTH INFORMATION

Business Associates

We may use and disclose your health information to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription. We refer to these parties as “business associates.” The law requires our business associates and their subcontractors to protect your health information in the same way we do. We also contractually require these parties to use and disclose your health information only as permitted and to appropriately safeguard your health information.

Health-Related Benefits and Services and Reminders

We may use your health information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care.

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. You can object to these releases by telling us that you do not wish for any or all individuals involved in your care to receive this information.

As Required by Law

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Military and Veterans

If you are an active-duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs health information about you so that you can determine whether you are eligible for certain benefits.

Public Health and Safety Issues

We may disclose without your consent health information about you for public health and safety purposes, including:

- Prevention or control of disease, injury or disability;
- Reporting births and deaths;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and/or

- Reporting suspected abuse, neglect or domestic violence when required or authorized by law.

Health Oversight Activities

We may disclose without your consent health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure, as well as controlled substances registries. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement

We may disclose health information to a law enforcement official without your consent:

- In response to a court order, subpoena, warrant, summons or similar process;
- To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;
- In response to a request from law enforcement for certain information to help identify or locate a suspect, fugitive, material witness, or missing person;
- To report a death or injury we believe may be the result of criminal conduct;
- To report suspected criminal conduct committed at Reser's facilities; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

OTHER USES AND DISCLOSURES REQUIRING YOUR PRIOR AUTHORIZATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. Special circumstances that require

an authorization include most uses and disclosures of your psychotherapy notes, certain disclosures of your test results for the human immunodeficiency virus or HIV, uses and disclosures of your health information for marketing purposes that encourage you to purchase a product or service, and for sale of your health information with some exceptions. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your health information. To exercise any of these rights, contact the HIPAA Privacy Officer using the information provided above.

Right to Inspect and Copy

You have the right to inspect and receive a copy of your medical record unless your health care provider determines that information in that record, if disclosed to you, would be harmful to your mental or physical health.

If we deny your request to inspect and receive a copy of your health information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Reset will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

If we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, and we may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

Right to Amend

If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for Reset.

You must submit your request in writing to our HIPAA Privacy Officer. In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the health information kept by or for Reset;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit a written statement of disagreement and ask that it be included in your medical record.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to our HIPAA Privacy Officer. Your request must state a time period which may not be longer than six years from the date the request is submitted. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may collect the fee before providing the list to you.

Right to Request Restrictions

Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request, with the exception of restrictions on disclosures to your health plan, as described below. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to our HIPAA Privacy Officer.

In your request, you must tell us:

1. what information you want to limit;
2. whether you want to limit our use, disclosure or both; and
3. to whom you want the limits to apply, for example, disclosures to your spouse.

You may request that we not disclose your health information to your health insurance plan for some or all of the services you receive from us. If you pay the charges for those services you do not want disclosed *in full at the time of such service*, we are required to agree to your request. "In

full” means the amount we charge for the service, not your copay, coinsurance, or deductible responsibility when your insurer pays for your care. Please note that once information about a service has been submitted to your health plan, we cannot agree to your request. If you think you may wish to restrict the disclosure of your health information for a certain service, please let us know as early as possible.

Right to Request Alternate Communications

You have the right to request that we communicate with you about medical matters in a certain manner or at a specific location. For example, you may ask that we only contact you at work or by mail to a post office box.

You must submit your request in writing to our HIPAA Privacy Officer and specify how or where you wish to be contacted.

We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website at <http://resetyourhealthandwellness.com>. The notice will contain the effective date on the first page, in the top left-hand corner. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your health information to determine if it constitutes a breach of the federal privacy or security regulations addressing such information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

If you believe your privacy rights have been violated, you may file a complaint with Reset or with the Secretary of the Department of Health and Human Services.

To file a complaint with Reset, contact our HIPAA Privacy Officer using the contact information below.

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

CONTACT US

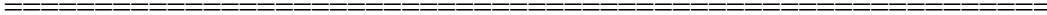
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Reset Health and Wellness, PLLC

Attn: HIPAA Privacy Officer

1444 Jeffreys Road #6

Rocky Mount, NC 27804



ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I have been given a copy of this Office’s Notice of Privacy Practices (“Notice”), which describes how my health information is used and shared. I understand that this Office has the right to change this Notice at any time.

I am aware that I may obtain a current copy by contacting the Office’s HIPAA Compliance, Privacy and Security Officer.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

Patient/Guardian/Authorized Representative Signature

Date