



Annapolis Healing

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This notice summarizes how health data about you may be used and shared and how you can get access to this data.

How we may use and share health data about you:

- a. Treatment – to give you medical treatment or other types of health services
- b. Payment – to bill you or a third party for services rendered.
- c. Health Care Operations – for our own operations such as quality control, compliance monitoring, audit, etc.

Disclosures where we do not have to give you a chance to agree or object:

- a. To you as required by state, federal or local law
- b. If child abuse or neglect is suspected
- c. Public health risks (for public health activities to prevent and control spread of disease)
- d. Lawsuits and disputes (in response to a court or administrative order)
- e. Law enforcement (to help law officials respond to criminal activities)
- f. Coroners medical examiners and funeral directors
- g. Organ or tissue donation facilities if you are an organ donor
- h. To avert a threat to an individual or to public health safety

Disclosures where we have to give you a chance to agree or object:

- a. Persons involved in your care or payment of your care – We may share your health data with a family member, a close friend, or other person that you have named as being involved with your health care.

Other uses of health data: Other uses not covered by this notice or the laws that apply to us will be made only with your written consent. You have the following rights relating to the health data we keep about you:

- a. Right to inspect your health recorded and to receive a copy of your health record upon request.
- b. Right to amend information in your health recorded you believe is inaccurate or incomplete
- c. Right to know whom we have disclosed your health information
- d. Right to ask for limits on the health information data we give about you
- e. Right to receive communication from us about your health information in alternate ways
- f. Right to a paper copy of the complete Notice of Privacy Practices

I acknowledge I have received the NOTICE OF PRIVACY PRACTICES of this practice.

Signature

Date