



Wellness Works, LLC Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

Protection of the privacy of health information about you and that can identify you called “protected health information” (PHI) is required. Wellness Works, LLC must give you notice of our legal duties and privacy practices regarding PHI. Wellness Works must:

- Protect information that we have created or received about you
- Notify you about how we protect PHI
- Explain how, when and why we use and/or disclose information about you.

THE FOLLOWING IS A SUMMARY OF HOW YOUR PHI MAY BE USED AND DISCLOSED BY WELLNESS WORKS AFTER YOU HAVE PROVIDED CONSENT:

Your PHI may be used to coordinate care and treatment with others involved with your care such as your primary care provider, pharmacy, medicinal cannabis dispensary.

WELLNESS WORKS, LLC MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

When Legally Required by Federal, State or Local law.

When There Are Risks to Public Health such as but not limited to prevention and control of disease, adverse effects, to notify exposure to a communicable disease.

To Report Abuse, Neglect or Domestic Violence if abuse, neglect or domestic violence is suspected.

To Conduct Health Oversight Activities in the event of audits, civil administrative investigations, criminal investigations, inspections, licensure, or disciplinary action.

In Connection With Judicial and Administrative Proceedings, in response to any judicial or administrative proceedings in response to an order of the court or a subpoena only after making reasonable attempts to notify you about the request.

For Law Enforcement Purposes as required by the law, under certain circumstances if you are victim to a crime, if suspicion that your death was the result of criminal conduct, or in an emergency to report a crime.

In the Event of a Serious Threat to Health or Safety, in accordance with applicable law and ethical standards of conduct if Wellness Works believes that such disclosure is necessary to prevent or lessen as serious and/or imminent threat to your health or safety of the safety of the public.

For Specified Government Functions if federal regulations authorize use or disclosure of your PHI to facilitate government functions related to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Workman's Compensation or similar programs.

OTHER THAN STATED ABOVE, WELLNESS WORKS WILL NOT DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

Right to Request Restrictions, can be made in writing, however, Wellness Works, LLC is not required to agree with this request.

Right to Receive Confidential Communication in the method you request and to whom you request.

Right to Access, Copy, or Inspect Your Health Information should be made in writing. IF physical copies are requested, a reasonable fee for assembling and copying may be charged.

Right to Amend Health Information if you believe that your PHI is incomplete or incorrect. Requests may be denied if it is not made in writing or does not include a reason for amendment.

Right to an Accounting of Disclosure if PHI is made of any reason other than treatment or health operations. The request would be made in writing, state the specified period, and not be made for a period greater than six years.

Right to a Paper Copy of This Notice may be requested at any time.

Right to Notification of Requirements ensures that you are notified in the case of any breach of unsecured PHI when it is believed that it may have been accessed, acquired, or disclosed as result of a breach. This is required by law under the Health Information technology for Economic and Clinical Health Act (HITECH).

WELLNESS WORKS, LLC HAS THE DUTY TO MAINTAIN THE PRIVACY OF YOUR PHI AND PROVIDE YOU OR YOUR AGENT WITH THIS NOTICE AND OF ITS DUTIES AND PRIVACY PRACTICES. WELLNESS WORKS, LLC RESERVES THE RIGHT TO CHANGE THE TERMS OF ITS NOTICE AND WILL PROVIDE A COPY OF THE REVISED NOTICE.

If you have any questions regarding this notice, please contact Dr. Barbara Spencer. Email – barb@wellnessworks.health
Effective date: April 25, 2019.