

### **Privacy Notice**

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.

It is the policy of Forward Momentum, LLC to keep all of your medical and personal information confidential. We will only use or disclose your information for the following reasons:

- Your treatment.
- We may use and disclose your information when it is needed to receive payment for services provided to you.
- We will use and disclose your information when it is needed to make sure we are providing you with quality service, to provide appointment reminders, and contact you when necessary.
- Other uses or disclosures of your information that may occur include:
  - If you have given us permission in writing to release part of your information.
  - When ordered to do so by a valid court order or subpoena.
  - When cases of child abuse or neglect are investigated.
  - In compliance with State law if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Under any circumstances other than those listed above, Forward Momentum, LLC will ask for your written authorization before we use or disclose your protected health information.

#### **You have the right to:**

- Receive a list of persons or organizations, other than those listed above, to whom we release your information.
- Request limits on how your information is used or disclosed.
- Inspect and/or copy your medical records.
- Amend incorrect information in your medical record.
- Revoke your written permission for release of information.
- Request confidential communication.
- Get a copy of this privacy act.
- Choose someone to act on your behalf.
- File a complaint if you believe your privacy rights have been violated.
- Receive notification if your unsecured health information is breached.

If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.

#### **Federal law requires Forward Momentum, LLC to:**

- Maintain the confidentiality of your protected health information.
- Provide you with a copy of this notice.
- Abide by the terms of this notice.
- Only change this notice as permitted by federal rules.
- Provide you with a way to file complaints regarding privacy issues.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

To report any complaints regarding privacy issues, contact:

The U.S. Department of Health and Human Services, The office of Civil Rights  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Telephone: (214) 767-4056

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

For further information regarding this notice and your rights, please see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost**

Under Section 2799B-6 of the Public Health Service Act, health care providers need to give **patients who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call (800) 368-1019.