

## Notice of Privacy Practices

Effective Date: 3/6/2023

### Introduction

Empowered Mental Health, PLLC is committed to protecting the privacy and confidentiality of our patients' protected health information (PHI). PHI is any information about your health status, treatment, or payment that can be used to identify you. This Notice of Privacy Practices describes how we may use and disclose your PHI and your rights as a patient.

### Uses and Disclosures of Your PHI

Empowered Mental Health, PLLC may use and disclose your PHI for the following purposes:

**Treatment:** We may use and disclose your PHI to provide you with mental health treatment, such as sharing information with other healthcare providers involved in your care.

**Payment:** We may use and disclose your PHI to bill and collect payment for the healthcare services we provide to you.

**Healthcare Operations:** We may use and disclose your PHI for our business operations, such as quality improvement activities or staff training.

**Required by Law:** We may use and disclose your PHI when required by law, such as reporting certain diseases to public health authorities.

**Public Health:** We may use and disclose your PHI for public health activities, such as reporting communicable diseases.

**Law Enforcement:** We may use and disclose your PHI when required by law enforcement or other government agencies.

### Your Rights as a Patient

As a patient, you have the following rights regarding your PHI:

**Right to Access:** You have the right to request access to your PHI and to receive a copy of it.

**Right to Amend:** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete.

**Right to Request Restrictions:** You have the right to request restrictions on the use and disclosure of your PHI.

Right to Request Confidential Communication: You have the right to request that we communicate with you about your PHI in a certain way or at a certain location.

Right to File a Complaint: You have the right to file a complaint if you believe your rights have been violated.

#### Changes to this Notice of Privacy Practices

We reserve the right to change the terms of this Notice of Privacy Practices at any time. Any changes will be effective immediately upon posting the revised Notice on our website.

#### Acknowledgement of Receipt

By using Empowered Mental Health, PLLC's services, you acknowledge that you have received a copy of our Notice of Privacy Practices.

#### Conclusion

We understand that your PHI is private and we are committed to protecting it. If you have any questions or concerns about your privacy rights or this Notice of Privacy Practices, please contact us.