

Notice of Privacy Practices

Inspired Life Wellness Clinic PLLC

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

We understand that medical information about you and your health is personal and we are committed to protecting privacy while providing quality care. This Notice of Privacy Practices applies to all records generated by Inspired Life Wellness Clinic, PLLC ("Clinic").

We are legally required to protect the privacy of your health information. We call this information "protected health information," or (PHI) and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for health care services. This information can be in any form - electronic, paper, or oral.

We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to the PHI that is currently in our possession as well as any information we receive in the future. When changes to this notice are made, they will be promptly posted in our reception area. You can request a copy of the current privacy notice from our website at www.inspired-lifewellness.com or by calling the Clinic at 701-989-4354.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

Uses and Disclosures Which Do Not Require Your Authorization:

We may use and disclose your PHI without your authorization for the following reasons:

For Treatment: We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care within the Clinic. We are also allowed to release a summary of your visit to the referring provider to provide for continuity of care.

For Payment: We may use and disclose portions of your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to your health plan to get paid for the health care services we provided to you.

For Health Care Operations: We may disclose your PHI in order to operate the Clinic. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

Business Associates: The Clinic may contract with outside companies that perform business services for us, such as billing companies, transcriptions services, laboratory services, accountants, and attorneys. At times we may need to share your medical information with a business associate in order for them to provide services on our behalf. We will limit the disclosure of your PHI to the "minimum necessary" to conduct these services. We will also have a written contract in place with those business associates requiring them to protect the privacy of your PHI as well.

As Required by Law: When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government

agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; or when ordered in a judicial or administrative proceeding.

For Public Health Activities: We may report information about births, deaths, and various diseases to government officials in charge of collecting that information. We may provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

For Health Oversight Activities: For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

For Research Purposes: In certain instances, we may obtain, create, and/or disclose PHI in order to conduct medical research.

To Avoid Harm: In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

For Specific Government Functions: We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

For Workers' Compensation Purposes: We may provide PHI to workers' compensation or similar agencies to determine if you are eligible for a work related injury or illness benefit.

Appointment Reminders and Health-Related Benefits or Services: We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records.

The confidentiality of alcohol and drug abuse patient records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Specific to our clinic, we cannot disclose "psychotherapy notes" without your consent unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances such as concerns of possible abuse or neglect or imminent danger to yourself or someone else. "Psychotherapy notes" are defined as notes recorded in any medium by a health care provider who is a mental health professional, documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. This does not include information pertaining to counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, medication prescription and monitoring, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Other Uses of Health Information

In any other situation, not described in this notice, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

The Right to Choose How We Send PHI to You: You have the right to ask that we send information to alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for

example, e-mail instead of regular mail). We must agree to your request as long as we can reasonably provide it in the format you requested.

The Right to Inspect and Copy Your PHI: In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. In certain situations, we may deny your request. If we do, we will tell you, in writing, what our reasons are for the denial and explain your right to have the denial reviewed.

The Right to Get a List of the Disclosures We Have Made: You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures for:

- Treatment, payment or healthcare operations;
- Information which you have authorized us to disclose;
- National security;
- Law enforcement as required by state or federal law;
- Information released prior to April 1, 2003.

We will provide the list to you at no charge, but if you make more than one request in the same year, 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. The request must be made in writing on our designated form.

The Right to Correct or Update Your PHI: If you believe that medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing on our designated form. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (1) correct and complete (2) not created by us (3) not allowed to be disclosed or (4) not part of our records.

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. Your rights allow you to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

The Right to a Copy of this Notice: You have the right to a paper copy of this notice, at any time, even if you have agreed to receive the notice electronically.

For More Information or to Report a Problem

If you have questions or would like additional information regarding any rights included in this Notice of Privacy Practices, or wish to make a complaint about our privacy practices, please contact the Clinic at the telephone number or address above.

You may also contact the Office for Civil Rights, US Dept. of Health and Human Services, 1961 Stout Street - Rm 1185 FOB, Denver CO 80294-3538. Telephone 303-844-2024, Fax 303-844-2025, TDD 303-844-3439.

We will not retaliate against you for exercising your rights provided for in the Privacy Rule, for assisting in an investigation by HHS of another authority, or for opposing an act or practice you believe in good faith violates the Privacy Rule. The Clinic will not require you to waive any right under the Privacy Rule as a condition for obtaining treatment or payment.

EFFECTIVE DATE OF THIS NOTICE: December 5, 2023