

## **HIPAA NOTICE OF PRIVACY PRACTICES**

Effective Date: February 18, 2019

We, *Wellness Coaching & Nutrition Therapy, PLLC*, understand that protected information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated by *Wellness Coaching & Nutrition Therapy, PLLC*, whether made by *Wellness Coaching & Nutrition Therapy, PLLC* personnel or your personal doctor. This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact:

***Wellness Coaching & Nutrition Therapy, PLLC***  
***Jill Sechi, MS, RDN, LD, CEDRD***  
***2190 North Loop West Suite 402 Houston, TX 77018***  
***411 Park Grove Dr., Katy TX 77450***

### The law requires us to:

- Make sure that protected health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that is currently in effect

### How we may use and disclose health information about you:

- For Treatment
- For Payment for Services
- For Health Care Operations
- As required by law
- Research
- Health Risks
- Judicial and Administrative Proceedings
- Business Associates
- Public Health
- To Avert a Serious Threat to Health or Safety
- Health Oversight Activities
- Law Enforcement
- Organ and Tissue Donation
- Special Government Functions
- Coroners, Medical Examiners, and Funeral Directors
- Correctional Institutions and Other Law Enforcement Custodial Situations

- Worker's Compensation
- Food and Drug Administration

Your Rights Regarding Protected Health Information About You:

- Right to Inspect and Copy
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Copy of This Notice. You have the right to a paper copy of this Notice at any time by contacting *Jill Sechi MS, RDN, LD, CEDRD*.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- Posting the revised Notice in our Office
- Making copies of the revised notice available upon request;
- Posting the revised Notice on our Website

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provide for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with *Jill Sechi, MS, RDN, LD, CEDRD* or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, we will not take any action against you or change our treatment of you in any way.