WholePerson Therapeutics LLC
: 203 636 0065
: 203 242 8345

NOTICE OF PRIVACY PRACTICES

Dear Client,

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

Uses and Disclosures of Your Health Information

1. ***Treatment***. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of evaluations will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
2. ***Payment***. Your health information may be used to seek payment for your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.
3. ***Health Care Operations***. Your health information may be used as necessary to support the day-to-day activities and management of the Company. For example, information on the services you received may be used to support budgeting and financial law-enforcement investigations, and to comply with government mandated reporting.
4. ***Law Enforcement***. Your health information may be disclosed to public health agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.
5. ***Public Health Reporting.*** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.
6. ***Other Uses and Disclosures Require Your Authorization*.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information you may submit a written revocation of the authorization. However, our decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.
7. ***Appointment Reminders.*** Your health information will be used by our staff to send you appointment reminders.
8. ***Information About Treatments***. Your health information may be used to send you information on the treatment and management of your medical condition or new technology that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.
9. **Your Health Information Rights.** You have certain rights under federal privacy standards. These include:

a. The rights to request restrictions on the use and disclosure of your health information
b. The right to receive confidential communications concerning your medical condition and treatment
c. The right to inspect and copy your health information
d. The right to amend and/or submit corrections to your health information
e. The right to receive any accounting of how and to whom your health information had been disclosed
f. The right to receive a printed copy of this notice

Our Health Information Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are required to abide by the privacy policies and practices that are outlined in this notice.

Our Rights to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices will be applied to all protected health information that we maintain and will be available at our facility for you upon your request.

Requests to Inspect Protected Health Information

As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form request access to your records by contracting the Company's CEO and Privacy Officer.

Complaints

If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have violated, you can contact the Company by sending a letter outlining your concerns to:

Privacy Officer: Barbara Belicia
WholePerson Therapeutcs LLC
1000 Bridgeport Avenue, Ste. 306
Shelton, CT 06484
You may also file a written complaint with the Office of Civil Rights.

Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to request that we restrict how PHI about you is used or disclosed.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. Signing this sheet also indicates that you

have received a copy of our Notice of Privacy Practices on the date indicated. If you have any questions regarding the information set forth in our Notice of Privacy Practices, please contact Barbara Belicia, Privacy Officer at 203-636-0065

I authorize WholePerson Therapeutics LLC to release my medical information to the following individual(s) (family, relative, friend, etc.)

Name_____ Relation_____

Name_____ Relation_____

Name_____ Relation_____

Patient or Representative: _____ _____
Signature (Relationship If Other Than Patient)

Printed Patient Name: _____ Date _____

Witness: _____ Date _____

Patient/Guarantor: _____ _____ _____
Print Name Sign Date