



**TotalWell Health Clinic**  
A MULTISPECIALTY ORGANIZATION WITH A SINGULAR FOCUS. YOU

**HIPAA Privacy Notice**

**Effective Date: April 14, 2025**

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

**OUR COMMITMENT TO YOUR PRIVACY**

*At **TotalWell Health Clinic**, We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.*

**TABLE OF CONTENTS**

- A. How This Medical Practice May Use or Disclose Your Health Information.....
- B. When This Medical Practice May Not Use or Disclose Your Health Information.....
- C. Your Health Information Rights.....
  - 1. Right to Inspect and Copy
  - 2. Right to Amend or Supplement Right to Request Confidential Communications
  - 3. Right to an Accounting of Disclosures
  - 4. Right to Request Special Privacy Protections

- 5. Right to Request Confidential Communications
- 6. Right to Receive a Paper or Electronic Copy of this Notice
- D. How We Protect your Health Information.....
- E. Changes to this Notice of Privacy Practices.....
- F. Filing a Complaint.....
- G. Contact Information

**A. How This Medical Practice May Use or Disclose Your Health Information**

This medical practice collects health information about you and stores it in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

- **Treatment:** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others as permitted who can help you when you are sick or injured, or after you die.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
- **Healthcare Operations:** We may use and disclose your health information for healthcare operations. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-

safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

- **Appointment Reminders:** We may use your contact information to remind you of appointments, upcoming treatments, or other necessary follow-up. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone as permitted by you.
- **Sign In Sheet:** We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.
- **Notification and Communication With Family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
- **Sale of Health Information:** We will not sell your health information. We will only disclose health information for research purposes with your prior approval.
- **Business Associates:** We may disclose your health information to business associates that help us with administrative tasks such as billing or IT services. These business associates are required to protect the privacy of your health information.
- **Required by Law:** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
- **Public Health:** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report

suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

- **Health Oversight Activities:** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
- **Judicial and Administrative Proceedings:** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
- **Law Enforcement:** We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- **Coroners:** We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.
- **Public Safety:** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **Proof of Immunization:** We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.
- **Specialized Government Functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
- **Workers' Compensation:** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
- **Change of Ownership:** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner,

although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

- **Breach Notification:** In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
- **Research:** Under certain circumstances, we may use and disclose your health information for research purposes. However, we will obtain your consent before using your information for research unless an exemption applies.

## **B. When This Medical Practice May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **C. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

**1. Right to Inspect and Copy:** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee of \$1.00 Discovery Fee and \$0.50 per page which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

**2. Right to Amend:** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health

information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

**3. Right to an Accounting of Disclosures:** You have the right to request a list of disclosures we have made of your health information, except for disclosures made for treatment, payment, and healthcare operations, notification and communication with family, specialized government functions of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

**4. Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

**5. Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. However, due to concerns about the security of electronic media, we may decline to provide Personal Health Information (PHI) over email. You must personally specify how or where you wish to receive these communications.

**6. Right to Receive a Paper or Electronic Copy of This Notice:** You have the right to receive a copy of this Privacy Notice. If you would like an additional copy, please ask at the front desk or contact our office.

---

## **D. HOW WE PROTECT YOUR HEALTH INFORMATION**

We use physical, administrative, and technical safeguards to protect the privacy of your health information. These measures include secure access controls, encryption of electronic health records, staff training, and ensuring proper disposal of confidential documents.

---

## **E. CHANGES TO THIS PRIVACY NOTICE**

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

---

## **F. FILING A COMPLAINT**

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) by Emailing [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov), calling toll-free at (800) 368-1019 and TDD toll free (800) 537-7697.

---

## **G. CONTACT INFORMATION**

For more information about this Notice or to file a complaint, please contact:

TotalWell Health Clinic PLLC

1425 Tuskawilla Road Suite 221 Winter Springs, FL 32708

(407)775-5315

[totalwellhealth@gmail.com](mailto:totalwellhealth@gmail.com)

---

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

By signing below, you acknowledge that you have received a copy of this HIPAA Privacy Notice.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_