



## **NOTICE OF PRIVACY AND HIPPA PRACTICES**

### **Core Functional Medicine**

corefunctionalmed.com

**Effective Date:** 03/01/2025

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

### **Your Rights**

As a patient at Core Functional Medicine, you have the following rights regarding your protected health information (PHI):

**1. Access Your Records:**

You have the right to inspect and obtain a copy of your health records, including billing records. Requests must be made in writing. In certain limited circumstances, we may deny your request, but you have the right to appeal the denial.

**2. Request Amendments:**

If you believe there is an error or missing information in your records, you may request an amendment. Requests must be made in writing, and we may deny your request under certain circumstances.

**3. Receive an Accounting of Disclosures:**

You have the right to request a list of disclosures of your PHI made by our clinic, excluding disclosures for treatment, payment, or healthcare operations.

**4. Request Restrictions:**

You may request restrictions on how we use or disclose your information for treatment, payment, or operations. We are not required to agree to these restrictions but will consider them.

**5. Confidential Communications:**

You may request that we communicate with you in a specific way (e.g., sending mail to a P.O. box or contacting you via email). We will accommodate reasonable requests.



**6. Receive a Copy of This Notice:**

You have the right to request a paper or electronic copy of this Notice of Privacy Practices at any time.

**7. File a Complaint:**

If you believe your privacy rights have been violated, you can file a complaint with our office or with the U.S. Department of Health and Human Services (HHS). We will not retaliate against you for filing a complaint.

### **Our Responsibilities**

Core Functional Medicine is committed to protecting your PHI. We are required by law to:

- Maintain the privacy and security of your health information.
- Provide you with this notice of our legal duties and privacy practices.
- Notify you promptly if a breach occurs that compromises the privacy or security of your information.
- Follow the terms of this notice unless you are notified of a change.

### **How We May Use and Disclose Your Information**

We may use or disclose your PHI in the following ways:

**1. For Treatment:**

We may use or share your information to provide, coordinate, or manage your healthcare and related services. For example, we may share information with other healthcare providers to ensure you receive appropriate care.

**2. For Payment:**

We may use or disclose your information to bill and collect payment for the services you receive from us. For example, we may share information with your health insurer to obtain reimbursement for services.

**3. For Healthcare Operations:**

We may use or disclose your information for activities necessary to run our practice and improve the quality of care we provide.



**4. As Required by Law:**

We will disclose your information when required to do so by federal, state, or local law.

**5. For Public Health and Safety:**

We may disclose your information to prevent or control disease, injury, or disability, or to report abuse, neglect, or domestic violence.

**6. For Legal and Compliance Reasons:**

We may share your information with law enforcement, health oversight agencies, or during legal proceedings if required.

**7. To Business Associates:**

We may share your information with third-party vendors who perform services on our behalf, such as billing or IT support, provided they comply with HIPAA regulations.