



NOTICE OF PRIVACY PRACTICES

RENOVARÉ WELLNESS, PLLC

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

1. The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share this information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our Legal Duty:

The Law Requires Us To:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We have the Right To:

1. Change our privacy practices and the terms of this notice at any time, provided that law permits the changes.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.
3. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. Use and Disclosure of Your Medical Information:

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. We will not use or disclose your medical information for any purpose not listed below, without your specific written permission. Any specific written authorization you provide may be revoked at any time by writing to us.

1. **For Treatment:** We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other people who are taking care of you.
2. **For Payment:** We may use and disclose your medical information for payment purposes.
3. **For Health Care Operations:** We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
4. **Court Ordered and Judicial and Administrative Proceedings:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person.
5. **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose medical information to appropriate authorities if we reasonably believe that you are the possible victim of abuse, neglect, or domestic violence of the possible victim of other crimes. We may disclose information if we deem reasonable~ believe that a minor is the possible victim of abuse. We may also release information if we feel that there is a threat to your health and safety, or the health and safety of others.

4. YOUR INDIVIDUAL RIGHTS:

You have a right to:

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical to do so. You must make your request in writing. You may request the form from a member of our staff. ***If you request copies, we will charge you \$3.50 for each page and postage if you want your copies mailed to you.***
2. Request that we place additional restrictions on our use or disclosure of our medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in case of emergency).
3. Request that we change your medical information. We may deny your request if we did not create the information you wanted changed or in other certain reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
4. If you have any questions about this notice, please contact:

RENOVARÉ WELLNESS, PLLC
Pamela Hafemann MA, LPC, LCDC
4209 Gateway Dr. Colleyville, TX 76034
214-673-8546
Pamela@renovarewellness.com

If you feel that we have violated your privacy rights, please contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

Acknowledgment Form:

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Client Name:

Signature of Client or Legal Guardian:

Date: _____

