



Total Health & Wellness Associates, PLLC

Bringing it all together... Mind, Body & Spirit

Mailing Address: PO Box 3052 • Farmington Hills, MI 48333-3052
Phone: (734) 368-7154 • **Fax:** (248) 477-4442

Office Locations

31700 W. 12 Mile Road
Suites 100 & 250
Farmington Hills, MI 48334

245 Barclay Circle
Suite 400
Rochester Hills, MI 48307

1025 E. Maple Road
Suite B-7A
Birmingham, MI 48009

432 N. Saginaw Street
Suites 415 & 433
Flint, MI 48502

HIPAA Privacy Notice

This Notice describes how medical information about you may be used and disclosed. This notice applies to information and records regarding your health care maintained at Total Health & Wellness Associates, PLLC, including medical records and insurance information.

MEDICAL INFORMATION

Total Health & Wellness Associates, PLLC is committed to protecting your medical information. We maintain a record of the care and services you receive in our offices for use in your ongoing care and treatment. This Notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Protect your medical information.
- Give you this Notice describing our legal duties and privacy practices with respect to medical information about you.

How We May Use and Disclose Your Medical Information

FOR TREATMENT

We may use your medical information in providing you with medical treatment or services. We may disclose your medical information to doctors, nurses, counselors or other health system personnel who are involved in your treatment in our office, at a hospital, physician's office or clinic setting.

LEGAL ACTIONS

We may disclose information about you in response to a subpoena, warrant or other lawful process.

PUBLIC HEALTH RISKS

We may disclose medical information about you for public health purposes, which may include the following:

- Preventing or controlling disease.
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notifying the appropriate authority if we believe the patient is in danger of fatal self-harm.
- Notifying the appropriate authority if we believe a patient, or minors in the patient's care, has/have been a victim(s) of abuse; we will make this disclosure as required by law.
- Notifying the appropriate authority and an individual(s) if he/she/they is/are in danger due to the stated intended actions of the patient and/or his/her designees; we will make this disclosure as required by law.

FOR PAYMENT

It is expected that the patient will pay Total Health & Wellness Associates, PLLC directly for services rendered. If payment is not received directly from you as agreed upon, we may disclose medical information about you so that treatment and services you receive at Total Health & Wellness Associates, PLLC may be collected, possibly by a third-party collection agency.

Your Rights Regarding Medical Information About You

Your medical record is the property of Total Health & Wellness Associates, PLLC. You have the following rights regarding medical information we maintain for you:

RIGHT TO COPY AND REVIEW

You have the right to review and receive a copy of your medical records. A request in writing is required for obtaining a copy of your medical records.

Patient Name: _____ **Guardian Name:** _____

Patient/Guardian Signature: _____ **Date:** _____