



APPLIED BEHAVIORAL HOLISTIC HEALTH

Notice of Privacy Practices

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.

I. OUR COMMITMENT TO YOUR PRIVACY

AB Holistic Health is dedicated to maintaining the privacy of your protected health information (PHI). PHI includes information about your physical health, mental health, and the healthcare services you receive. This Notice of Privacy Practices explains how we use and disclose your PHI.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

2.1 Treatment: We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes consultations with other healthcare providers.

2.2 Payment: We may use and disclose your PHI to bill and collect payment for the services provided to you. This may include sharing information with your insurance company.

2.3 Healthcare Operations: We may use and disclose your PHI for our healthcare operations, such as quality improvement activities, training programs, and business management.

2.4 Required by Law: We may use or disclose your PHI when required by federal, state, or local law.

2.5 Public Health Activities: We may disclose your PHI for public health activities, such as preventing or controlling disease, injury, or disability.

2.6 Research: In certain circumstances, we may use or disclose your PHI for research purposes. Before doing so, we will obtain your written authorization or ensure the research meets privacy requirements.

2.7 Law Enforcement: We may disclose your PHI to law enforcement officials for specific purposes, such as responding to a court order or warrant.

2.8 Health Oversight Activities: We may disclose your PHI to health oversight agencies for activities such as audits, investigations, inspections, and licensure.



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2.9 Business Associates: We may share your PHI with third-party business associates who perform various activities on our behalf. These business associates are required to protect the privacy and security of your PHI.

III. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

3.1 Right to Access: You have the right to inspect and obtain a copy of your PHI.

3.2 Right to Amend: You may request an amendment to your PHI if you believe it is inaccurate or incomplete.

3.3 Right to Restrict Disclosure: You have the right to request restrictions on certain uses and disclosures of your PHI.

3.4 Right to Request Confidential Communication: You may request confidential communication of your PHI via alternative means or at an alternative location.

3.5 Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your PHI.

3.6 Right to a Paper Copy: You have the right to receive a paper copy of this Notice upon request.

IV. OUR RESPONSIBILITIES

4.1 Privacy Officer: Ariful Nayem serves as the Privacy Officer for AB Holistic Health. If you have any questions or concerns regarding your privacy rights, please contact the Privacy Officer at ariful@abholistic.com or 888-877-7022.

4.2 Changes to this Notice: We reserve the right to change the terms of this Notice at any time. The revised Notice will be effective for all PHI we maintain. We will provide a copy of the revised Notice upon request.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Privacy Officer. All complaints must be submitted in writing.

VI. CONTACT INFORMATION



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Privacy Officer: Ariful Nayem

Clinic Address: 600 1st Ave, Seattle, WA 98104

Email: ariful@abholistic.com

Phone: 888-877-7022

This Notice of Privacy Practices is effective as of January 1, 2024