Notice of Privacy Practices

Self Centered Body & Wellness

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Notice of Privacy Practices

This notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully.

I. My Commitment to Your Privacy

At Self Centered Body & Wellness, your health information is personal—and protecting it is a priority. I maintain records of the care and services you receive to support your treatment and meet legal requirements. This notice outlines how I may use and disclose your health information, your rights regarding that information, and my legal obligations.

I am required by law to:

- Keep your protected health information (PHI) confidential
- Provide you with this notice of privacy practices
- Follow the terms of this notice currently in effect

I may update this notice at any time. Updated versions will be available in-office and on my website.

II. How I May Use and Disclose Your Health Information

For Treatment, Payment, and Operations I may use or disclose your PHI to provide care, process payments, and manage operations. This includes coordination with other providers, referrals, and documentation required by the VA Community Care Network or other entities.

Legal Disclosures If you are involved in a legal matter, I may disclose PHI in response to a court order or lawful request, in accordance with HIPAA guidelines.

III. Uses and Disclosures That Require Your Authorization

Session Notes I maintain session notes for therapeutic and clinical purposes. These will only be disclosed with your written authorization, except when:

- Used for your treatment
- Used for supervision or training
- Required by law or oversight agencies
- Needed to prevent serious harm or comply with legal proceedings

Marketing and Sale of PHI I do not use your PHI for marketing purposes or sell your information.

IV. Uses and Disclosures That Do Not Require Authorization

I may disclose PHI without your authorization for:

- Public health reporting (e.g., suspected abuse or safety threats)
- Health oversight audits or investigations
- Judicial or administrative proceedings
- Law enforcement (e.g., crimes on premises)
- Coroner or medical examiner duties
- Workers' compensation compliance
- Appointment reminders and service updates
- Specialized government functions (e.g., military, corrections)

V. Uses and Disclosures That Require Your Opportunity to Object

I may share PHI with family or others involved in your care unless you object. In emergencies, consent may be obtained retroactively.

VI. Your Rights Regarding Your PHI

- **Request Limits**: You may request restrictions on how your PHI is used or disclosed.
- **Out-of-Pocket Protections**: You may restrict disclosures to health plans for services paid in full out-of-pocket.
- **Communication Preferences**: You may request how and where I contact you.
- **Access to Records**: You may request copies of your records (excluding session notes) within 30 days.
- **Disclosure History**: You may request a list of disclosures made in the past six years.
- **Corrections**: You may request corrections to your PHI.
- **Copy of This Notice**: You may request a paper or electronic copy of this notice at any time.

Acknowledgment of Receipt

By signing below or checking the acknowledgment box, you confirm that you have received and reviewed this Notice of Privacy Practices under HIPAA.