



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

Welcome to The HIVE Natural Health Center ("The HIVE Natural Health Center", "The HIVE", "we", or "us"). We are required by applicable federal and state laws, like other healthcare practices, to maintain the privacy of protected health information (PHI), provide you with notice of our legal duties and privacy practices with respect to your protected health information, and abide by the terms of this Notice while it is in effect. This Notice went into effect **October 18, 2021** and will remain in effect until modified or replaced. You may request a copy of our updated Notice at any time.

The HIVE Natural Health Center provides a variety of services and products, both in person and online including consultation, examination, chiropractic treatment, lifestyle recommendations, articles, blogs, newsletters, tools, and social networking platforms, collectively referred to as "services". This Notice applies to all services and websites provided, owned, and operated by The HIVE Natural Health Center. By acknowledging receipt of this form, using our services, or visiting our websites, you are accepting the policies and practices described in this Notice. Each time you visit the website or use our services you agree and expressly consent to our collection, use, and disclosure of the information that you provide as described in this Notice.

To be clear about the terminology we are using, "protected health information", "PHI", "health information", and "personal information" phrases in this Notice refer to information about you that is personally identifiable like your name, address, e-mail address, and phone number, as well as other non-public information that is associated with your personal information. Use of the phrase "anonymous information" in this Notice refers to information that is not associated with or linked to your personal information and does not enable identification of or contact with individual persons.

We reserve the right to change the terms of this Notice at any time and to make the new notice provisions effective for all of the protected health information that we maintain, including health information we created or received prior to changes made, provided that such changes are permitted by applicable law. Before significant changes are made to this Notice, we will notify you and make the new Notice available upon request. For more information about our privacy practices, or for additional or updated copies of this Notice of Privacy Practices, please contact us according to the means outlined in this Notice.

INFORMATION COLLECTED

We collect and maintain information that you voluntarily submit to us, information passively collected through technologies such as cookies, pixels, beacons, and log files, and information we receive from third parties. Information voluntarily provided may include, but is not limited to, name, email address, physical address, username, password, demographic information, and health topics of interest to you. If you connect via social media and networking, information from your profile is available and if you attend in-person events you may register with additional event-specific information that will be collected. If you make a purchase your credit card information is stored on file. Additionally, any surveys or customer support interactions are stored.

USES & DISCLOSURES

There are a number of situations in which physicians, office staff, and others involved in your care at The HIVE may use or disclose your confidential health information to other persons or entities. Certain uses and disclosures will require you to sign an acknowledgement that you received this Notice of Privacy Practices. These uses include treatment and healthcare services, payment, and healthcare operations of The HIVE Natural Health Center. Any use or disclosure of your protected health information required for anything other than treatment, payment, or healthcare operations requires you to sign an Authorization. Certain disclosures that are required by law, or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

We will attempt in good faith to obtain your signed Acknowledgement that you received this Notice to use and disclose your confidential medical information for the following purposes. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided Consent.

Treatment & Healthcare Services: We may use your health information within our office to provide healthcare services to you or we may disclose your health information to other providers, medical auxiliaries, or students if it is necessary to refer you to them for services or involve them in your healthcare.

Payment: We may disclose your health information in order to obtain payment for services provided to you.

Healthcare Operations of The HIVE: We may use your health information in connection with our healthcare operations. These operations include internal quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performances, conducting training programs, accreditation, certification, licensing, or credentialing activities. You should be aware that we occasionally utilize an "open adjusting room" where others may be in close proximity. We will try to speak quietly to you in a manner reasonably calculated to avoid inadvertently disclosing your health information to others. However, complete privacy may not be possible in this setting. If you need to speak privately with a provider, please let the provider or staff know so that a private room may be provided.

Additionally, we may use patient information internally to offer goods and services we believe may be of interest. We may use your information to contact you to inquire or survey about the patient experience at the locations visited and the prospect of future services or improvements needed to continue as your services provider. We may also create and use aggregate patient information that is not personally identifiable to understand more about the common traits and interests of our patients. Your name, address, phone number, and healthcare records may be used to contact you regarding appointment

reminders (such as voicemail messages, postcards, or letters), birthday cards, holiday cards, information about alternatives to your present care, or other health-related information that may be of interest to you. Third-party service providers may be utilized to send emails, calls, texts, or other communications on our behalf, including patient satisfaction surveys. These service providers are prohibited from using your email address or other contact information for any purpose other than to send communications on our behalf. Each time you receive a promotional email, you will be provided the choice to “opt-out” of future emails by following the instructions provided in the email, or you can “opt-out” at any time following the instructions provided.

Our website utilizes cookie technology which are encrypted strings of text that a website stores on a user’s computer. Our website uses cookies throughout the online process to keep information entered on multiple pages together. Cookies enable our website to remember information provided to us, in addition to measuring usage of various pages on our website to help us make our information more pertinent to your needs and easy for you to access and providing functionality such as online appointing, bill paying, and other functionalities that we believe would be of interest and value to you. The types of cookies are referred to as “session” cookies and “persistent” cookies. Session cookies are temporary and are automatically deleted once you leave our website. Persistent cookies remain on your computer hard drive until you delete them. We do not use cookies to gather any personally identifiable information about you apart from what you voluntarily provide us in your dealings with us. Our cookies do not corrupt or damage your computer, programs, or computer file. You may set your browser to block cookies.

In addition to use of your personal information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you gave us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

There are certain circumstances under which we may use or disclose your health information **without first obtaining your Acknowledgement or Authorization**:

Public Health and Oversight Activities, Law Enforcement Activities, Judicial and Administrative Proceedings, In the Event of Death

Specifically, oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with other laws. We may be required to report to certain agencies information concerning certain communicable diseases, sexually transmitted diseases or HIV/AIDS status. We may also be required to report instances of reasonably suspected or documented abuse, neglect, domestic violence, or victim of other crimes. We are required to report to appropriate agencies and law enforcement officials information that you or another person is in immediate threat of danger to health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so and may disclose your protected health information in response to court order, subpoena, warrant, summons, or similar process. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose, to authorized federal officials, health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose correctional institution or law enforcement official having lawful custody of protected health information of an inmate or patient under certain circumstances.

Others Involved in Your Healthcare

We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object. We may disclose your protected health information that directly relates to that person’s involvement in your healthcare to a member of your family, a relative, a close friend, or another person you identify. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your health care. We will also use our best judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, supplies, x-rays, or other similar forms of health information. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Communication Barriers and Emergencies

We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we are required by law or as a matter of necessity to treat you, and we have attempted to obtain your consent but have been unable to obtain your consent, we may still use or disclose your protected health information and treat you.

Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental health treatment, drug and alcohol abuse, HIV/AIDS or sexually transmitted diseases that may be contained in your health records. We likewise will not disclose your health record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization

PATIENT RIGHTS

Right to Access, Inspect, and/or Copy Your Records

You have the right to access, inspect, and copy your health records. Access to your health records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal, or administrative action or proceeding to which your access is restricted by law. You may request that we provide copies in a format other than digital versions or photocopies. We will use the format you request unless we cannot practically do so. We will charge a reasonable fee for providing a copy of your health records, or a summary of those records, at your request, which may include the cost of copying, postage, and preparation or an explanation or summary of the information. Your request to inspect and/or copy your health information must be made in writing to our Privacy Official.

Right to Amend

You have the right to request that we amend certain health information for as long as that information remains in your record. Your request to amend your health information must be made in writing to our Privacy Official and you must provide a reason to support the requested amendment. Your requests may be denied under certain circumstances. Amendments must be made by the provider that created the record, unless that provider is unable to do so; then a qualified professional may complete and properly document the amendment.

Right to Request Restrictions

You have the right to request that we place additional restrictions on our use or disclosure of your health record information for treatment, payment, and operations, or restrictions involving your care or payment related to that care. We are not required to agree to these additional restrictions. However, if we agree, we will abide by our agreement, except with regard to emergencies, disclosure of the information to you, or if we are otherwise required to make a full disclosure without restriction. When you pay in full outside of your insurance plan for services you may request that we restrict this information and not disclose it to your healthcare plan or insurer. Your request must be made in writing to our Privacy Official.

Right to Receive Confidential Communications

You have the right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you may be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled. Your request to receive confidential communications must be made in writing to our Privacy Official.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of disclosures made of your records. Such requests must be made in writing to our Privacy Official. You will also be notified of a breach of unsecured protected health information, as required by law.

Right to Receive Notice

You have the right to receive a paper copy of this Notice, upon request.

COMPLAINTS

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be address to the Privacy Officer in the case of complaints to us, or to the person designated by the US Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint.

All questions concerning this Notice or requests made pursuant to it should be emailed or addressed to:

Email: info@hivenaturalhealth.com

Address: The HIVE Natural Health Center Attn: Privacy Officer
4870 N. Litchfield Rd. Ste. 101
Litchfield, AZ. 85340

I understand that The HIVE Natural Health Center reserves the right to amend this Notice of Privacy Practices for Protected Health Information at a time in the future and will make the new provisions effective for all information that it maintains past and present. My signature below is an acknowledgement that I have received a copy of The HIVE Natural Health Center's Notice of Privacy Practices for Protected Health Information and I understand my rights as well as the practices to protect my health information. With my signature, I am conveying my understanding of the above information. At this time I do not have any questions regarding my rights or any of the information I have received.

Patient Name (printed): _____ Legal Guardian (if applicable): _____ Relationship: _____

Patient/Guardian Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding the Notice of Privacy Practices. The following is a brief summary of your rights and our responsibilities as detailed in the attached Notice of Privacy Practices ("Notice"). This summary is for your convenience and is not a substitute for reading the entire Notice and does not modify the terms of the Notice.

1. **Uses and Disclosures of Your Health Information.** We may use the information we develop and collect for treatment and care by our practice or disclose the information to others to whom we refer you for treatment, for payment for these services, and for certain care "operations" such as improving the competence and quality of our staff and business planning and management. We may disclose your information to our business associates such as transcriptionists, billing services, and others who assist in the operations of our practice. We may call you to remind you of appointments and may leave a message on your answering machine if you have one. We may also use your information to recommend products or services related to your care but will not use or disclose your medical information for marketing purposes without your written authorization. Additional information regarding those uses and disclosures can be found in the Notice, however, examples are not exhaustive.
2. **Uses and Disclosures Based on Your Authorization.** Except as described in the Notice, we will not use or disclose your medical information without your written authorization. You can revoke an authorization at any time, except to the extent that we have already taken action in reliance on the authorization.
3. **Uses and Disclosures Not Requiring Your Authorization.** Your medical information may be disclosed without your authorization as required by law, for public health purposes, healthcare oversight, including audits and investigations, judicial and administrative proceedings, subject to the limits imposed by state and federal law, and certain other purposes. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.
4. **Your Health Information Rights.** You have a number of rights under state and/or federal law which are subject to the terms and conditions specified in the Notice:
 - a. You may inspect and copy your medical records.
 - b. You may request an amendment to any record you believe is inaccurate.
 - c. You may request restrictions on certain uses and disclosures of your information.
 - d. You may request that you receive your information from us in a certain way.
 - e. You may request an accounting of disclosures made of your records.
5. **Changes to the Notice.** We reserve the right to change the Notice. If we do so, we will post it in our office and on our website. We will also provide a copy upon request.
6. **Complaints.** You may file a complaint to our Privacy Official or with the federal government as detailed in the Notice. You will not be penalized for filing any complaint.