



COMPASS ROSE
HEALTH + WELLNESS

NOTICE OF PRIVACY PRACTICES

FOR THE PATIENT: THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU (PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. Required of PPCP by the Privacy Regulations created by Health Insurance Portability and Accountability Act of 1996 (HIPAA)

OUR COMMITMENT TO YOUR PRIVACY: Our Practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). Protected Health Information is defined as individually identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We are required by law to provide you with the notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect

WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

1. **Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. For example, your medical provider might need to consult with another provider to coordinate your care. Also, the office staff may need to use and disclose your PHI to other individuals outside of our office such as the pharmacy when a prescription is called in.
2. **Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. Your PHI may also be used to obtain payment from an insurance company or another third party. This may include providing an insurance company your PHI for a pre-authorization for a medication we prescribed.
3. **Health Care Operation:** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. These activities include training students, reviewing cases with employees, utilizing your information to improve the quality of care, and contacting you by telephone, email, or text to remind you of your appointments. If we have to share your PHI to third party “business associates” such as a billing service, we will have a written contract that contains terms that will protect the privacy of your PHI. We may also use and disclose your PHI for marketing activities. For example, we might send you a thank you card in the mail with a coupon for specialized services or products. We may also send you information about products or services that might be of interest to you. You can contact us at any point to stop receiving this information. We will not use or disclose your PHI for any purpose other than those identified in this policy without your specific, written authorization. You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. You can revoke this authorization at any time but will not affect the PHI that was shared while the authorization was in effect.
4. **Appointment Reminder:** Our practice may use and disclose your PHI to contact you and remind you of an appointment.

Laura McCall, APRN

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5. **Treatment Options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Disclosures Required By Law.** Our practice will use and disclose your PHI when required by federal, state or local law.
7. **Workman's Compensation:** We may disclose your PHI to workman's comp or similar programs.
8. **Lawsuits:** We may disclose your PHI in response to a court action, administrative action, or a subpoena.
9. **Law Enforcement:** We may release PHI to a law enforcement official in response to a court order, subpoena, warrant, subject to all applicable legal requirements.

YOUR RIGHTS REGARDING YOUR PHI:

Access to medical records: You have the right to access and receive copies of your PHI that we use to make decisions about your care. You must submit a written request to obtain your PHI to the individual listed at the end of this privacy policy. We reserve the right to charge you a fee for the time it takes to obtain and copy the PHI and provide it to you.

Amendment: If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You will need to submit a written request on why you feel the health information should be amended. We may deny your request to amend if you did not send a written request or give a reason on why it should be amended. If we deny your request, we will provide you a written explanation. We may deny your request if we believe the PHI is accurate and complete.

Accounting of Disclosures: You have the right to receive a list of instances in which we disclosed your PHI unless the disclosure was used for treatment, payment, healthcare operations, was pursuant to a valid authorization and as otherwise provided in applicable federal and state laws and regulations. For example, the list will not include disclosures for treatment, payment, and health care operations, disclosures to you or with your authorization, disclosures made more than six years before your request. You must submit a written request to obtain this "accounting of disclosures" to the individual listed at the bottom of this policy. After your request has been approved, we will provide you the dates of the disclosure, the name of the individual or entity we disclosed the information to, a description of the information that was disclosed, the reason why it was disclosed, and any additional pertinent information. This information may not be longer than six years prior to the date the accounting is requested. Compass Rose Health & Wellness, LLC will respond to you within 60 days of your request. We reserve the right to charge a reasonable fee for this process.

Restriction Requests: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We shall accommodate your request except where the disclosure is required by law. We require this to be a written request submitted to the individual at the end of this policy.

Confidential Communication: You have the right to request that we communicate with you about healthcare matters in a certain way and at a certain location. We must accommodate your request if it is reasonable to allow us to continue to collect payments.

Paper copy of this notice: You may request a hard copy of this practice policy if you reviewed and signed it via electronic means. To obtain this copy, contact the individual at the end of this privacy policy.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office. You also file a complaint with the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

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