



Circle Wellness
Function First



PATIENT HANDBOOK

PATIENT NOTICE OF PRIVACY PRACTICES AND
PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

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Circle Wellness



Welcome to Circle Wellness. This Patient Handbook was designed to introduce you to the practice, provide you with some basic information, and most importantly to explain your rights and responsibilities as a patient.

Please read this Handbook carefully. If you need assistance in understanding any information in the Handbook, please let us know. We will be happy to assist you.

It is our intent to assist you, in whatever manner necessary, throughout your visit at Circle Wellness. This includes assistance with understanding all aspects of your care, helping you to make informed decisions, and helping you to understand your rights and responsibilities.

We will do everything possible to provide you with the finest quality healthcare. We will also do the best we can to accommodate all of your nonmedical needs.

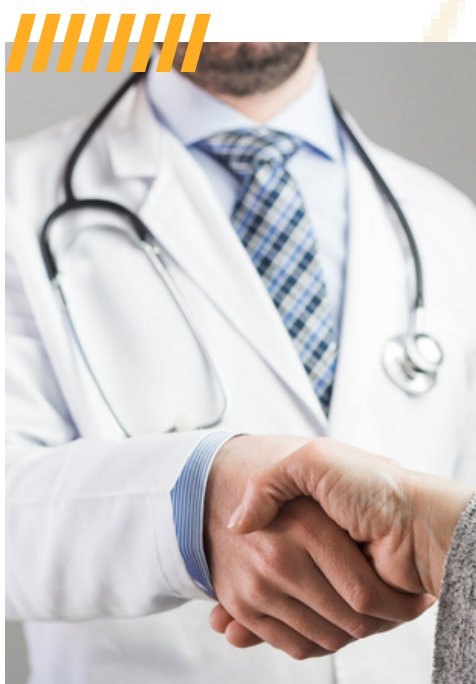
PATIENT NOTICE OF PRIVACY PRACTICES

Effective: June 2022

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.

This Notice of Privacy Practices describes how Circle Wellness (the “Practice”) may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or conditions and related healthcare services.



We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this Notice at any time. Any revised Notice of Privacy Practices would be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail.

A copy of the current Notice of Privacy Practices will be prominently displayed in our office at all times and posted on our website.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Uses and Disclosures of Protected Health Information

Prior to disclosing your protected health information to outside healthcare providers or to obtain payment, we will obtain your general consent, usually at your first visit to our facility.

(a) Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related treatment. This includes the coordination or management of your healthcare with a third party that already has obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to your primary care physician. We also may disclose protected health information to specialist physicians who may be treating you.

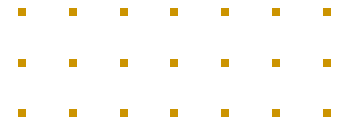
(b) Payment: Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we provide for you, determining your eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

(c) Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of the Practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to an insurer or accreditation agency that performs chart audits. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may use or disclose your protected health information, as necessary, to contact you to remind you of your scheduled procedure.

(d) Business Associates: We will share your protected health information with third-party “business associates” that perform various activities for the Practice (e.g., management and marketing companies, computer consulting company, law firm, or other consultants). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

(e) Health-Related Benefits/Treatment Alternatives: We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our HIPAA Privacy and Security Officer to request that these materials not be sent to you.

YOUR RIGHTS



1

You have the right to inspect and copy your protected health information.

This means you may inspect and obtain a copy of protected health information about you that is contained in a medical record maintained by the Practice for as long as we maintain the protected health information.

We may charge you our standard fee for the costs of copying, mailing, or other supplies we use to fulfill your request.

2

You have the right to request a restriction of your protected health information.

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or healthcare operations. You also may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care.

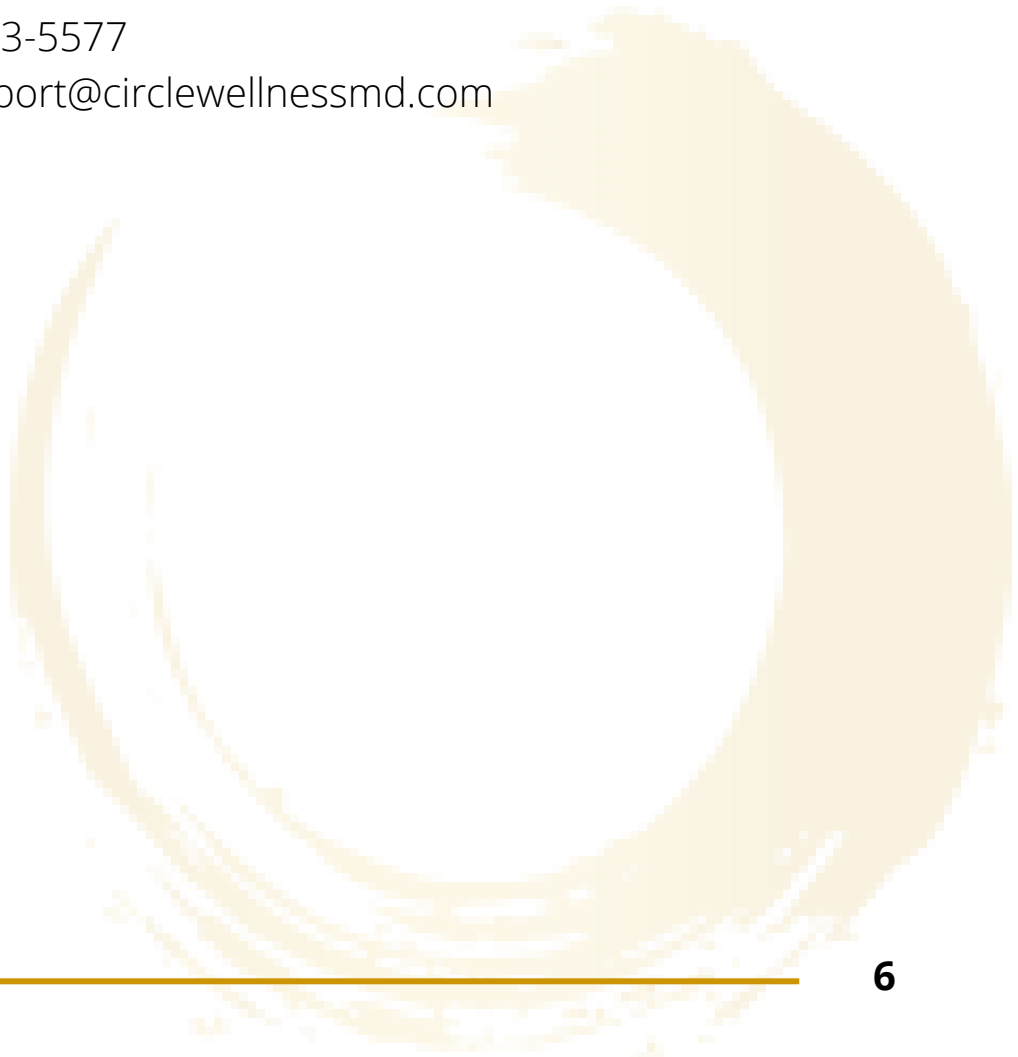
COMPLAINTS



You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA Privacy and Security Officer of your complaint. We will not retaliate against you for filing a complaint.

If you have any questions, complaints, concerns, grievances, and/or would like additional information, you may contact the Practice's HIPAA Privacy and Security Officer at:

- Phone: +1 888-293-5577
- Email: patientsupport@circlewellnessmd.com



PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Each patient treated at Circle Wellness has the right to:

- Receive services without discrimination based on age, race, color, sexual orientation, religion, marital status, gender identity, national origin, or other factors protected by law.
- Be treated with consideration, respect, and dignity, including privacy in treatment.
- Be informed of available services at the Practice.
- Receive an estimate of charges before receiving services.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences.
- Voice grievances and recommend changes in policies and services.
- Express complaints about care and services provided.
- For additional information link to: Access to Your Medical Records (https://www.health.ny.gov/publications/1449/section_1.htm#access) and Do I Have the Right to See My Medical Records? (<https://www.health.ny.gov/publications/1443/>)

Each patient treated at Circle Wellness has the right to:

- Treat all staff and providers with common courtesy and respect.
- Follow instructions given by healthcare providers.
- Provide accurate medical and insurance information.
- Fulfill financial responsibilities for all services received.

Contact Information



 Phone: +1 888-293-5577

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 www.circlewellnessmd.com

