



## **PEP Wellness Center PPLC**

Serving Washington | New Mexico | Virginia | Colorado | New York | Texas

748 Market Street, Suite 225

Tacoma, Washington 98402

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### **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ IT CAREFULLY. YOUR PRIVACY IS IMPORTANT TO US.**

#### **Our Responsibilities**

At **PEP Wellness Center PLLC**, we are committed to protecting the privacy and confidentiality of your personal health information.

Protected health information (PHI) includes records created and maintained in the course of providing your care. This may include details about your symptoms, evaluations, diagnoses, treatment plans, test results, and billing information.

Federal law requires us to:

- Maintain the privacy of your health information
- Provide you with this Notice describing our privacy practices
- Follow the terms of this Notice
- Inform you if a breach of your protected information occurs

This Notice explains how we may use and disclose your information and outlines your rights regarding that information.

## **Permitted Uses and Disclosures**

Under HIPAA and other applicable laws, we are allowed to use and disclose your health information without your written permission for the following purposes:

### **1. Treatment**

We may use and share your health information to provide, coordinate, or manage your care. This includes sharing information with other healthcare professionals involved in your treatment, such as primary care providers, specialists, pharmacies, or laboratories.

### **2. Payment**

Your information may be used to bill and collect payment for services provided. This may include communicating with your insurance company, verifying benefits, submitting claims, and obtaining payment authorization.

### **3. Health Care Operations**

We may use your information for internal business activities such as quality improvement, staff training, auditing, accreditation, credentialing, and other administrative functions necessary to operate our practice effectively.

## **Additional Uses and Disclosures Without Authorization**

In certain situations, we may be required or permitted to share your information without your written consent. These circumstances include:

### **Reporting Abuse or Neglect**

We may disclose health information as required by law to report suspected abuse, neglect, or domestic violence to appropriate authorities.

### **Legal and Administrative Proceedings**

We may disclose information in response to court orders, subpoenas, or other legal processes as required by law.

### **Notification of Family or Others Involved in Your Care**

With your permission, we may share relevant information with a family member, caregiver, or other person involved in your care. You will have the opportunity to object before such information is shared.

## **Public Health and Safety**

We may disclose information to prevent or lessen a serious and imminent threat to your health or safety or that of the public.

## **As Required by Law**

We may disclose information when federal, state, or local laws require it.

## **Business Associates**

We may share your information with trusted third-party vendors who perform services on our behalf, such as billing companies or electronic health record providers. These entities are required to protect your information under written agreements.

## **Disclosures Requiring Your Authorization**

Any use or disclosure of your health information not described in this Notice will require your written authorization. Examples include:

- Marketing communications
- Release of psychotherapy notes
- Most disclosures for non-treatment purposes

You may revoke any authorization you provide at any time in writing. Revocation will not affect disclosures made before we received your request.

## **Your Rights Regarding Your Health Information**

You have important rights concerning your personal health information:

### **Right to Request Restrictions**

You may request limits on how we use or share your information. While we will consider your request, we are not required to agree to it.

Requests must:

- Be submitted in writing
- Specify the information to be restricted
- Identify to whom the restriction applies

## **Right to Confidential Communications**

You may request that we contact you in a specific way (for example, by phone or email) or at a specific location to protect your privacy.

Requests must be:

- Made in writing
- Reasonable and clearly specify your preferences

We will make every effort to accommodate reasonable requests.

## **Right to Inspect and Copy Records**

You have the right to review and obtain copies of your health records. Requests must be submitted in writing. A reasonable fee may be charged for copying, mailing, or preparing records.

## **Right to Request Amendments**

If you believe information in your record is incorrect or incomplete, you may request a correction. Requests must:

- Be submitted in writing
- Include a reason for the change

We may deny your request if the information is accurate, was not created by us, or is not part of the record you are allowed to review.

## **Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your health information made over the past six years, excluding those made for treatment, payment, or operations. The first request in a 12-month period is free; additional requests may incur a fee.

## **Right to a Paper Copy of This Notice**

You may request a printed copy of this Notice at any time, even if you originally received it electronically.

## **Filing a Complaint**

If you believe your privacy rights have been violated, you may file a complaint:

### **With PEP Wellness Center PLLC:**

Email: [info@pepwellnesscenter.com](mailto:info@pepwellnesscenter.com)

Phone: (253) 559-0302

You will not be penalized or retaliated against for filing a complaint.

### **Changes to This Notice**

PEP Wellness Center PLLC reserves the right to update this Notice at any time. Revised versions will apply to all information we maintain and will be made available upon request and through our patient portal.

### **Contact Information**

If you have questions about this Notice or your privacy rights, please contact:

**PEP Wellness Center PLLC**

748 Market Street, Suite 225

Tacoma, Washington 98402

Phone: (253) 559-0302

Email: [\*\*info@pepwellnesscenter.com\*\*](mailto:info@pepwellnesscenter.com)