



**Seeking Integrity Los Angeles LLC**

14945 Ventura Blvd., Ste. 308, Sherman Oaks, 91403

Facility Fax:

Facility Phone: (747)234-4325

**Test Test**

#MR Number: MR000358-1

DOB: 09/09/1999

Admitted: 02/23/2023 9:36 AM

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This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry treatment payment or health care options (TDO) and for other purposes that are permitted or required by law. Protected health information is your information such as demographics, other health conditions, and health care services.

**Users and Disclosures of Protected Health Information.**

Your PHI may be used by anyone involved in your care and treatment in order to provide health care services to you, pay your health care bills, or any other use required by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services which includes the coordination or management of your health care with a third party.

**Payment:** Your PHI will be used, as needed to obtain payment for your health care services.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

*We may use or disclose your PHI in the following situations without your authorization. These situations include:* as Required by Law, Public Health issues as required by law, Communicable diseases; Health Oversight Abuse or Neglect; FDA requirements; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activities and National Security; Worker's Compensation; Inmates; Required Uses and Disclosures. Under the Law, we must disclose to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 will be made only with your consent, authorization or opportunity to object unless required by law.



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**Other Permitted and Required Uses and Disclosures:**

**Your Rights: The following is a statement of your rights with respect to your PHI.**

*You have the right to inspect and copy your PHI:* Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

*You have the right to request a restriction of your PHI:* Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

*You may have the right to have your physician amend your PHI.*

*You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.*

**We reserve the right to change the terms of this notice and will inform you, by mail, of any changes. You then have the right to object or withdraw as provided in this notice.**

**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. We will not retaliate against you for filing a complaint. We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

FORM SIGNATURES