



Table of Contents: Notice of Privacy Practices

Your Rights	2
Get an Electronic or Paper Copy of Your Medical Record.....	2
Ask Us to Correct Your Medical Record	2
Request Confidential Communications	2
Ask Us to Limit What We Use or Share.....	2
Get a List of Those with Whom We've Shared Information.....	3
Get a Copy of This Privacy Notice.....	3
Choose Someone to Act for You.....	3
File a Complaint if You Feel Your Rights Are Violated	3
Your Choices	3
Our Uses & Disclosures	4
Your Treatment.....	4
Business Operations	4
Billing for Services.....	4
Public Safety & Health Issues	4
Research	4
Complying With the Law.....	4
Organ & Tissue Donation Requests	4
Work With a Medical Examiner or Funeral Director	4
Workers' Compensation, Law Enforcement, & Other Government Requests.....	5
Response to Lawsuits & Legal Actions	5
Our Responsibilities	5
Changes to This Notice	5



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used & disclosed, and how you can get access to this information.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an Electronic or Paper Copy of Your Medical Record

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

Ask Us to Correct Your Medical Record

- You can ask us to correct health information about you that you believe is incorrect or incomplete.
- We may deny your request but will provide you with an explanation of the denial, in writing, within 60 days.

Request Confidential Communications

- You may request that we contact you in a specific way, or to send mail to a different address.
- We will comply with all reasonable requests.

Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to comply with your request, and may choose to decline your request if we believe it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will comply with this request unless a law requires us to share this information.

Get a List of Those with Whom We've Shared Information

- You can request a list accounting for the instances in which we've shared your health information. This request may only apply to dates less than six years prior to the date your request is made.
- We will include all disclosures except for those regarding treatment, payment, healthcare operations, and certain other disclosures.
 - We will provide one accounting per year free of charge, but may charge a reasonable, cost-based fee for additional accounting requests.

Get a Copy of This Privacy Notice

- You can request a paper copy of this notice at any time, even if you have previously agreed to receive the notice electronically, and we will provide it promptly.

Choose Someone to Act for You

- If you have granted another individual Medical Power of Attorney or if another individual is your legal guardian, that person may exercise your rights and make decisions about your health information.
- We will confirm that this person has the authority to act for you prior to taking any action.

File a Complaint if You Feel Your Rights Are Violated

- You can file a complaint if you feel we have violated your rights. You may do so by contacting us using the information at the bottom of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services by calling 1-877-696-6775, visiting [Filing a HIPAA Complaint | HHS.gov](#), or sending a letter to:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue SW
Washington, D.C. 20201

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please feel free to communicate with us and we will be happy to comply.

- **You May Choose to Tell iTrust To:**
 - Share information with your family, close friends, or others involved in your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory

If you are not able to provide your preferences – for example, if you are unconscious – we may choose to share your information if we believe it to be in your best interest. We may also share your information as needed to lessen a serious or imminent threat to health or safety.

- **You Must Give iTrust Permission To:**
 - Share your information for marketing purposes
 - Participate in the sale of your information

Return to Table of Contents

- Share your information in the form of shared psychotherapy notes
- **Fundraising Exemptions**
 - We may contact you for fundraising efforts, but you may request that we not contact you again for this purpose.

Our Uses & Disclosures

The following describes the ways in which we typically use or share your health information.

Your Treatment

- We can use your health information and share it with other professionals who are treating you.

Business Operations

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Billing for Services

- We can use and share your health information to bill and receive payment from health plans or other entities.

Public Safety & Health Issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Research

- We can use or share your information for health research.

Complying With the Law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they request to see that we are complying with federal privacy laws.

Organ & Tissue Donation Requests

- We can share health information about you with organ procurement organizations.

Work With a Medical Examiner or Funeral Director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Workers' Compensation, Law Enforcement, & Other Government Requests

- We can use or share information about you for or with:
 - Workers' compensation claims
 - Law enforcement purposes or with a law enforcement official
 - Health oversight agencies for activities authorized by law
 - Special government functions such as military, national security, and presidential protective services

Response to Lawsuits & Legal Actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

For additional information, please visit [Notice of Privacy Practices | HHS.gov](#).

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly inform you of any breach that occurs if it is believed to have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described in this notice unless you request a change to this in writing. You may revise or reverse your request, again in writing, at any time.

Changes to This Notice

iTrust Wellness Group, LLC reserves the right to change this notice at any time, and to make the changes applicable to your current health information. Changes in this notice will be made available upon request, in our offices, and on our website.

This Notice of Privacy Practices applies to the following organization:

iTrust Wellness Group, LLC

149 Commons Way, Greenville, SC 29611

Phone: (864) 520-2020 | Fax: (864) 640-4400

Email: info@itrustwellnessgroup.com

www.itrustwellness.com

For questions or concerns about our Privacy Practices, please contact:

Joshua Hudson, Security & Privacy Officer

Email: privacy@itrustwellnessgroup.com

effective date: 05/31/2024