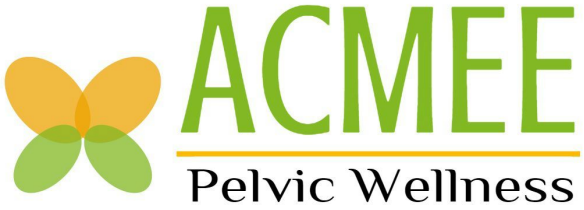

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Patient Notice of Privacy

Introduction

At ACMEE Pelvic Wellness we are committed to treating and protecting your medical information. The creation of a medical record detailing the care and services you receive helps us provide you with quality health care.

This Patient Notice of Privacy describes the health information we collect and shows the ways in which your medical information can be used. You must sign and date the Notice of Privacy statement before you begin treatment

Understanding your Health Information

Each time you visit ACMEE Pelvic Wellness, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan of care for your treatment. This information is often referred to as your health or medical record.

Your Rights

Although your health record is the physical property of ACMEE Pelvic Wellness,, the information belongs to you. You have the right to:

- Obtain a copy of the notice of privacy practices upon request
- Inspect and copy your health record
- Make changes in your health record
- Make a list of who your medical record was shared with
- Request communication of your medical record in certain places (for example, you may want us to call you at work instead of home)
- Request a restriction on certain uses and sharing of your information
- Revoke your permission for use or sharing of your medical record except to the extent that action has already been taken

Our Responsibilities

ACMEE Pelvic Wellness is required to:

- Maintain the privacy of your medical records.
- Provide you with this notice as to our legal duties and privacy practices with respect to your medical records we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a request restriction
- Accommodate reasonable requests you may have to communicate your medical records by alternative locations

We reserve the right to change our practices and to make the new provisions effective for all medical records we maintain

We will not use or share your medical record without permission, except as described in this notice. We will also discontinue the use of the Patient Notice.

Privacy Practices and share your medical record after we have received notice in writing that you have revoked your permission.

Use and Sharing of Health Information for Treatment, Payment, and Health Operations.

The law allows us to use your medical records without your permission for treatment, payment, and business operations. The following are some examples: patient billing, third party billing, quality of care and improved services, other specialty care, caregiver/ family member notification/ communication, research, organ and tissue donation, marketing, fundraising, Food and Drug Administration (FDA), Workers Compensation, law enforcement, and public health.

Federal law makes provision for your medical records to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member of business associate believes in good faith that we have engaged in unlawful conduct of have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

If you have any questions or requiring additional information, please contact ACMEE Pelvic Wellness at 650-603-0998 or Email us at meenal@acmeepelvicwellness.com

I have read the above and agree to the Patient Notice of Privacy:

X_____