

Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Carlyle Wellness is committed to maintaining the privacy of your protected health information (“PHI”), which includes information about your health condition and the care and treatment you receive from us. The creation of a record detailing the care and services you receive helps this clinic provide you with quality health care. This Privacy Notice details how your PHI may be used and disclosed to third parties and also details your rights regarding your PHI.

CONSENT

Carlyle Wellness will use and/or disclose your PHI provided that it first obtains a valid Consent signed by you. The Consent allows the Practice to use and/or disclose your PHI for the purposes of:

- 1) Treatment- In order to provide you with the health care you require, Carlyle Wellness will provide your PHI to those health care professionals, whether on Carlyle Wellness’ Staff or not, directly involved in your care so that they may understand your health condition and needs. For example, another physician treating you for lower back pain may need to know the results of your latest physical examination by this office.
- 2) Payment- In order to get paid for services provided to you, Carlyle Wellness will provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, Carlyle Wellness may need to provide the Medicare program with information about health care services that you received in this clinic so that we can be properly reimbursed. Carlyle Wellness may also need to tell your insurance plan about treatment you will receive so that it can determine whether or not it will cover the treatment expense.
- 3) Health Care Operations- In order for the Practice to operate in accordance with applicable law and insurance requirements and in order for Carlyle Wellness to continue to provide quality and efficient care, it may be necessary for us to compile, use, and/or disclose your PHI. For example, Carlyle Wellness may use your PHI in order to evaluate the performance of the Practice’s personnel in providing care to you.

NO CONSENT REQUIRED

Carlyle Wellness may use and/or disclose your PHI without a written Consent from you in the following instances:

- 1) De-identified Information- Information that does not identify you and, even without your name, cannot be used to identify you.
- 2) Business Associate- To a business associate if Carlyle Wellness obtains a satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists us in undertaking some essential function, such as a billing company that assists the office in submitting claims for payment to insurance companies or other payers.