

## PRIVACY POLICY STATEMENT

Our office is dedicated to providing service with respect for human dignity. Protecting your privacy and your healthcare information is fundamental in the course of our relationship.

**This notice will remain in effect until it is replaced or amended by changes in law.**

We gather personal information and health information in several ways:

- Information we receive from you
- Information we receive from other healthcare providers
- Information we receive from third party payers

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the treatment, payment, and healthcare operations.

You may specifically authorize us to use your protected health care information for any purpose or to disclose your health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected health information.

### **Marketing**

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, newsletter and appointment reminders, by phone, post cards, emails or letters.

### **Disclosure**

This office may use or disclose your protected health information when required by law.

### **Patient Rights**

1. Upon written request you have the right to access, review or receive copies of your healthcare records.
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
3. You have the right to request that this office place additional restrictions on disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf.
4. You have the right to request that we amend your protected health information. The request must be in writing.
5. You have a right to receive all notices in writing.

If you have questions, complaints or want more information contact this office.

**Contact:** Christine Renz on behalf of Essential Wellness of Illinois LLC

**Telephone:** Northbrook Office (847)-272-8120

**Address:** 900 Skokie Blvd., Suite 140, Northbrook, IL. 60062

If you believe that we have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information above. You may also submit a written complaint to the U.S.A. Department of Health and Human Services.