

# Notice of Privacy Practices

**This notice describes how medical/protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## Summary:

By law, we are required to provide you with our Notice of Privacy Practices (NPP).

As a patient, you have the following rights.

1. The right to inspect and copy your information.
2. The right to request corrections to your information.
3. The right to request that your information be restricted.
4. The right to request confidential communications.
5. The right to report a disclosure of your information and
6. The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us. This Notice contains information about how we will ensure that your information remains private.

We are committed to protecting the privacy of your reproductive protected health information (PHI) and will not disclose it when requested for the purpose of investigating or penalizing individuals seeking, obtaining, or providing lawful reproductive healthcare. If disclosure is requested, we will require a signed attestation confirming it is not for such prohibited purposes. Your reproductive healthcare decisions are private, and we will take all necessary steps to protect that confidentiality.

We will not disclose any substance use disorder related records without your written consent, except as permitted by law, including, for example (but without limitation), a court order or a medical emergency. You have rights regarding these records, including access, confidentiality requests, and an accounting of disclosures.

If you have any questions about this Notice, the name and phone number of our contact person is listed below.

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|--------------------------------|-------------------|
| Effective Date of this Notice: | 1/1/2025          |
| Contact Person:                | Christine Leonard |
| Phone Number:                  | 815-977-5480      |

