



HIPAA Notice of Privacy and Communications Practices for Integral Healing LLC

The confidentiality of your healthcare information is important. In accordance with federal law (including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)) and other rules and regulations, this notice provides you with information about the privacy practices of Rev. Dr. Lisa E. Graham, Esq. (“Practitioner”) and Integral Healing LLC. It also provides information regarding your rights with respect to your healthcare information and with Practitioner’s and Integral Healing LLC’s communications policies.

Your HealthCare Information: All information regarding a client’s conditions, signs and symptoms, health information provided to us by the client, other caregivers or other third parties, as well as diagnosis and treatment is recorded in the client’s chart and is considered to be healthcare information (“HI”).

Patient HI is kept strictly confidential.

Patient HI is may be stored electronically or in written form. If stored in electronic form, it is password protected and used only for care-related purposes. Only Practitioner and Integral Healing LLC office assistants have access to client charts and any other information you provide. It is Practitioner’s responsibility to ensure this privacy policy is followed.

Your contact or other identifying information will not be shared with third parties without your written consent. Practitioner may wish to use a portion of your medical records for purposes of teaching or research. In such a case, your name and identifying information will not be disclosed to anyone, and all of your HI will be kept confidential.

You have a right to review your HI upon written request and to request changes to it if you find an error.

You may also request that a copy of your HI be released to you or to another healthcare practitioner. A fee will be charged for this service.

Additional information is available to you regarding your privacy rights as a client and HIPAA at <http://www.hhs.gov/ocr/privacy/index.html>

Our Communications With You: We will communicate with clients over the telephone (calls /texts) and e-mail to schedule and confirm appointments. Occasionally, we call, text or e mail to give helpful instructions or notices. We may also use follow-up communications to monitor a client’s progress.

NOTE: We will use the e mail you provide for communications related to your condition and care.

Your initials here indicate that this is a PRIVATE e mail and that only you have access to it:

Client Confirmation of This Notice: By signing below, I acknowledge that a copy of this notice was given to me for my own records or declined by me. I have therefore been advised of how my HI may be used and disclosed.

I have also been informed of how I may gain access to and control of my HI.

I intend this notice to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient Name: _____ Date: _____

Patient Signature: _____

Responsible Party (parent, guardian or translator, if any):

Name: _____ Date: _____

Signature: _____