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## Notice of Privacy Practices

This notice tells you how medical information about you can be used and disclosed, and how you can get access to this information. Please read it carefully. If you have any questions, please contact our Privacy Office at the address or phone number at the bottom of this notice.

Who will follow this notice?

Weighless MD and its contracted physician and providers provide health care to our patients. The list below tells you who will follow the outlined practice for keeping your data private.

- Any health care professional who treats you at any of our locations.
- All employees and staff of our organization.

Our pledge to you:

We understand that health data about you is private. We promise to protect this data. We make a record of the care and service you receive so we can provide good care and to comply with legal rules. This notice applies to all of your health records that we maintain, whether they were made by our staff or by your own doctor. Your doctor may have other rules or a notice about use and release of your health record kept in their office.

By law we must:

- Keep your health data private.
- Give you this notice of our legal duties and our practice of keeping your health data private.
- Follow terms of the notice in effect at the current time.

Changes to this Notice

We may change our policies at any time. Changes will apply to health data we have on file, as well as new data we record after the notice is changed. Before we make a major change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at [weighlessmd.com](http://weighlessmd.com). You can get a copy of the current notice any time. The date it went into effect is listed just below the title. You will be offered a copy of the current notice each time you come to our facilities for treatment. You will also be asked to sign your name to show that you received this notice.

How we are allowed to use and disclose your health data

We may use and disclose your health data for:

- Treatment (such as sending your health data to a special doctor or family doctor or other health care facility when you are referred to them).
- To obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and
- To support our health care efforts (such as when we compare patient data to improve treatment methods.)

Subject to certain rules, we may use or disclose your health data without your prior permission for other reasons:

- For public health issues.
- To report abuse or neglect.
- As part of research studies.
- To arrange funerals and organ donation.
- For workers' compensation claims.
- In an emergency.

When required to by law, we also may disclose health care data. In certain cases we must respond to requests from law enforcement officials or valid court orders.

We may disclose health care data about you to a friend or family member who is involved in your health care. Your health data may also be disclosed to disaster relief authorities so they can contact your family to tell them where you are and how you are doing.

**Other uses of health data**

In any other situation not covered by this notice, we will ask for your written permission before we use or disclose your health data. If you choose to permit us to use or disclose this data, you can later revoke that permission by telling us about your decision in writing.

**Your rights about your health data**

In most cases, you may make a written request to look at, or get a copy of your data we use to make choices for your care. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

If you think that data in your record is wrong or if important items are missing, you have the right to request that we correct the records. You may submit a written request providing your reason for requesting the change. We could deny your request to amend a record if it was not created by us; if it is not part of the data maintained by us; or if we decide that the record is correct. You may submit a written appeal if we decide not to amend a record.

You have the right to receive a list showing where we have disclosed health data about you, other than for treatment, payment, health care operations, or where you gave written permission. The request must state the time period you want us to include. It must be less than a 6-year period and begin after June 1, 2015. Within a 12-month period, the first list you request is free. If you make more requests, you will be charged our cost to produce the list. We will tell you about the cost before you are charged.

You have the right to a paper copy of this notice.

You have the right to request that your health data be given to you in a private manner. You may ask us to send mail to an address other than your home, or tell us in writing about a certain way or place we can use to inform you.

You may request, in writing, that we not use or disclose your health data for treatment, payment or healthier operations; or to persons involved in your care except when specifically authorized by you; when required by law; or in an emergency. We will review your request but we are not required by law to accept it. We will inform you of our decision on your request. All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

**Complaints**

If you are concerned that your privacy rights may have been violated; or you disagree with a decision, we made about access to your records; you may contact our office at 262-226-2046.

You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can give you the address.

We will not punish you or take action against you if you file a complaint.

Questions regarding this privacy statement or the practices of this site may be submitted to [cstoka@weighlessmd.com](mailto:cstoka@weighlessmd.com).

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_