



## Whole Health Partners

6211 West NorthWest Hwy.  
Suite C-159  
Dallas, Texas 75225  
214-368-3030

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **PROTECTING YOUR PRIVACY**

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At Whole Health Partners (hereinafter referred to as "the Practice"), privacy is one of our highest priorities.

### **KEEPING YOUR INFORMATION**

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to establish security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

### **WORKING TO MEET YOUR NEEDS THROUGH INFORMATION**

In the course of doing business, we collect and use various types of information, like name and address and claims information. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you.

### **KEEPING INFORMATION ACCURATE**

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone numbers or addresses listed below. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

### **HOW – AND WHY – INFORMATION IS SHARED**

We limit who receives information and what type of information is shared.

- *Sharing information within the Practice.* We share information within our company to deliver you the health care services and the related information and education programs specified in your plan.
- *Sharing information with companies that work for us.* To help us offer you our services, we may share information with companies that work for us, such as claim processing and medical equipment suppliers. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.
- *Other.* Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released with the condition that the person receiving the data will act on our behalf and are obligated contractually to keep the information that we provide them confidential.

The Practice doesn't share any customer information with third-party marketers who offer their products and services to our patients.

### **COUNT ON OUR COMMITMENT TO YOUR PRIVACY**

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**AUTHORIZATION FORM**

**I authorize the use and/or disclosure of my protected health information (“PHI”) as described below:**

I authorize the use and/or disclosure of my protected health information (“PHI”) as described below:

1. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operations):

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2. Please list the family members or significant others, if any, whom we may inform about your medical condition **ONLY IN AN EMERGENCY:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

3. Please print the telephone number where you want to receive calls about your appointments, lab and x-ray results, or other health care information:

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**\* I AM FULLY AWARE THAT A CELL PHONE IS NOT A SECURE AND PRIVATE LINE.**

4. Can confidential messages (i.e., appointment reminders) be left on your telephone answering machine or voice mail?

Yes     No

PATIENT NAME \_\_\_\_\_ (Guardian if under 18 years)

PATIENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_