## **WHIPAA Privacy Summary for Patients**

*(Health Insurance Portability and Accountability Act)*Your privacy is important to us. The Health Insurance Portability and Accountability Act (HIPAA) protects your personal health information and sets rules about who can see and share it.

What Is Protected Health Information (PHI)?PHI includes any information that can identify you and relates to:

- Your past, present, or future physical or mental health
- The healthcare services you receive
- Payment for your healthcare

## Your Rights Under HIPAA

As a patient, you have the right to:

- Access your medical records
- **Request corrections** to your health information
- Receive a copy of this privacy notice
- Request limits on who can see your information
- Choose how we contact you (phone, email, mail)
- File a complaint if you believe your privacy rights were violated

## How We Use Your Information

We may use or share your information for:

- **Treatment** coordinating your care with other providers
- Payment billing your insurance
- **Healthcare operations** managing our practice and services We may also share information if required by law, such as for public health or safety reasons.

## Your Consent Matters

We will ask for your written consent before sharing your information for reasons not allowed under HIPAA.

**Questions?** 

If you have any questions about your rights or how your health information is used, please contact our office: sophia@mindsetmovementandwellness.com

Let me know if you'd like this formatted into your existing intake documents or uploaded as a printable PDF.