

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 THIS INFORMATION CAREFULLY. This notice applies to **River Girl Mobile Hydration Wellness PLLC** and the healthcare providers practicing here in.

It is our legal duty to protect the privacy and security of your information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We are providing this notice so that we can explain our privacy practices. We must follow the duties and privacy practices described in this notice or the current notice in effect.

If you have a clear preference for how we share your information, talk to us. Tell us what you want us to do, and we will follow your instructions.

We will never share your information unless you give us written permission in these cases: for marketing purposes or the sale of your information.

pisclosures to you or for Hipaa compliance investigations: Entity may disclose your PHI to you or to your personal representative, and are required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Entity must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

Entity will not penalize you or retaliate against you for filing a complaint regarding their privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.E., Washington, DC.

By Signing I Acknowledge I have been informed of the above information	ation:
Print Full Name:	
Signature:	
Date:	