

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.

Effective Date: 9.28.09

Date of Last Revision: 9.29.09

Our commitment to your privacy

Longevity Wellness Centers is dedicated to maintaining the privacy of your personal health information. We are required also by law to do this. These laws are complicated, but we must provide you with important information. On April 14, 2003, a set of federal regulations went into effect, with which all health care providers must comply. The regulations are part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which addresses your rights to privacy and handling of Protected Health Information.

We will use the information about your health, which we get from you or from others mainly to provide you with treatment, to arrange payment for our services or for some other business activities, which are called, in the law, health care operations. After you have read this Notice of Privacy Practices we will ask you to sign a Consent Form to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If you or we want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

Of course we will keep your health information private but there are some times when the laws require us to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. As required by law we may disclose health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
 - Emergency Situations. We may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation.
 - Investigation and Government Activities. We may disclose medical information to a local, state, or federal agency for activities authorized by law. These generally include audits, investigations, inspections, and licensure.
 - Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.
 - Research. We may disclose medical information about you for research purposes regarding medications, efficiency of treatment protocols and the like. This is provided the research has been approved by the institutional review board with established protocols to ensure the privacy of your health information.

2. Required by Law. We will disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. We may also use such information to defend ourselves or any member of Longevity Wellness Centers in any actual or threatened action.
3. If a law enforcement official requires us to do so.
For Workers Compensation and similar benefit programs.
Consistent with applicable law, we may disclose medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Your rights regarding your health information

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to accommodate all reasonable requests.
 2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
 3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records. See below.
 4. If you believe the information in your records is incorrect or incomplete, you can ask us to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
 5. You have the right to a copy of this notice. If we change this Notice of Privacy Practices we will post it and you can always get a copy from the Privacy Officer.
 6. You have the right to obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
 7. You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
 8. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer:

The effective date of this notice is 9.29.09

SECTION A: Uses and Disclosures of Protected Health Information

1. Under applicable law, we are required to protect the privacy of your individual health

information (information we refer to in this notice as “Protected Health Information”). We are also required to provide you with this Notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information in your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, such as when your case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes your Protected Health Information may be disclosed to credit card companies that you may use to pay for services, or one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement; provider review and training, underwriting activities; reviews and compliance activities; and planning, development, management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records daily, store the backup off site and maintain all electronic records at a secure location off the premises. In addition we employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions it is possible but very unlikely that a computer crash or other technological failure could cause the loss of data. In addition reasonable safeguards are employed to protect your Protected Health Information stored on electronic media.

In addition, we may disclose medical information to contact you to provide refill or appointment reminders. We may contact you regarding health screenings, patient education or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, we may disclose your health information to your plan sponsor.

We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician’s staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time we may disclose information to business associates who may assist us in complying with our legal requirements, to auditors, to billing companies and the like. We shall endeavor to advise them of their continued obligation to maintain the privacy of your medical records.

We may disclose Protected Health Information about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities and as required by law.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B.

2. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.
3. You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact, in writing:

Longevity Wellness Centers
Attn: Dr. Petitt
4619 Walney Road
Chantilly, VA 20151
703-955-7465

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this Notice and the disclosure of Protected Health Information as outlined herein. This information may be disclosed by us to other persons who ask for you or your prescriptions by name. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest.

We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

5. We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition we may use or disclose the Protected Health Information to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pickup filled prescriptions, or other similar forms of Protected Health Information.
6. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.
7. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

Section B: Contacting Us

You may contact us for further information at:

Longevity Wellness Centers

Attn: Dr. Pettit

4619 Walney Road

Chantilly, VA 20151

703-955-7465