



**WFM MEDICAL AND WELLNESS CENTERS, INC.
NOTICE OF PRIVACY PRACTICES**

Revised December 18, 2018

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.

Purpose of this Notice: Your treating healthcare provider, and the clinical providers employed by WFM Medical and Wellness Centers, Inc. (collectively, the "Medical & Wellness Center"), and the Whole Foods Market Inc. Group Benefit Plan, is required by state and federal law to maintain the privacy of your protected health information (PHI). This notice applies to all records of the health care and services you received at the Medical & Wellness Center. Your treating healthcare provider, WFM Medical and Wellness Centers, Inc., and the Whole Foods Market Inc. Group Benefit Plan are operated as an Organized Health Care Arrangement under HIPAA and will share protected health information with each other as necessary to carry our treatment, payment, or health care operations for purposes of operation of the Medical and Wellness Center, the Whole Foods Market Inc. Group Benefit Plan, and in accordance with this notice. This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

Medical & Wellness Center's Commitment: We are required by law to: (i) make sure that your PHI is kept private; (ii) give you this notice of our legal duties and privacy practices with respect to your PHI; (iii) follow the terms of this notice as long as it is currently in effect (if we revise this notice, we will follow the terms of the revised notice as long as it is currently in effect); (iv) train our personnel concerning privacy and confidentiality; and (v) mitigate (lessen the harm of) any breach of privacy/confidentiality.

How We May Use and Disclose Information about You: The following categories (listed in bold-face print, below) describe different ways that we use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and give you some examples, but not every use or disclosure in a category will be listed. For purposes of this Notice of Privacy Practices, "we" means the Medical & Wellness Center affiliated physician who is treating you as well as any health care professional authorized to enter information into your Medical & Wellness Center medical record, all departments and offices of the Medical & Wellness Center, physicians, health coaches and consultants of the WFM Whole Health Care Team, and all employees, staff, business associates, and other Medical & Wellness Center personnel.

For Treatment. We are permitted to use and disclose your PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you or providing you with medical treatment or services, including health care providers that are not affiliated with the Medical & Wellness Center who may be involved in your medical care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

For Payment. We are permitted to use and disclose your PHI so that the treatment and services you receive at the Medical & Wellness Center may be billed to (and payment may be collected from) your insurance company or a third party. For example, the Medical & Wellness Center, on behalf of your treating physician, may need to give your health plan information about a treatment evaluation you received at the Medical & Wellness Center so your health plan will pay us or reimburse you for the evaluation. ***Please note that this permitted use does not mean that the physician or Medical & Wellness Center will necessarily submit a bill for the treatment or service rendered at the Medical & Wellness Center.***

For Health Care Operations. We are permitted to use and disclose your PHI for our business operations. These uses and disclosures are necessary to run the Medical & Wellness Center and to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you or identify patients who may benefit from education or programs offered by the Medical & Wellness Center or Whole Foods Market, Inc. Group Benefit Plan.

To Business Associates for Treatment, Payment and Health Care Operations. We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose your PHI to a company we hire to bill insurance companies on our behalf to help us obtain payment for the services we provide.

Individuals Involved in Your Care or Payment for Your Care. We may release your PHI to a family member, other relative, or close personal friend who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We also may release information to someone who helps pay for your care.

Other Uses/Disclosures. We may use and disclose medical information: (i) to tell you about health-related benefits or services that may be of interest to you; (ii) to give you information about treatment options or alternatives that may be of interest to you; or (iii) to contact you as a reminder that you have an appointment for treatment or medical care at the Medical & Wellness Center.

Special Situations:

As Required By Law. We will disclose your PHI when required to do so by federal, state, or local law.

Public Health Activities. We may disclose your PHI for certain public health activities (e.g., controlling disease, injury, or disability; reporting abuse or neglect; reporting drug reactions), but only if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a government health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order or in response to a subpoena or other lawful process by someone else involved in the dispute.

Law Enforcement. In certain designated situations, we may release PHI if asked to do so by a law enforcement official.

Coroners, Medical Examiners and Funeral Directors. We may release PHI (i) to a coroner or medical examiner to identify a deceased person or to determine the cause of death or (ii) to a funeral director as necessary to help them carry out their duties.

Other Special Situation. We may use and/or disclose PHI: (i) to organizations that facilitate organ procurement or transplantation; (ii) to law enforcement when necessary to prevent a serious threat to the health and safety of you, the public, or another person; (iii) as required by applicable military command authorities (if you are a member of the armed forces); (iv) to authorized federal officials for certain national security purposes; or (vi) for workers compensation purposes.

When Your Authorization is Required: Uses or disclosures of your PHI for other purposes or activities not listed above will be made only with your written authorization (permission). If you provide us such authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission. In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Your Rights: You have the following rights regarding the PHI we maintain about you:

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed for emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home. We will accommodate all reasonable requests.

Right to Inspect and Receive a Copy. You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. Psychotherapy notes may not be inspected or copied. We may deny your request to inspect or receive a copy in certain very limited circumstances.

Right to Amend. If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Medical & Wellness Center. You must include a reason that supports your request, and such request may be denied in certain limited circumstances.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” that have been made by the Medical & Wellness Center in the past six (6) years.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice (even if you have agreed to receive this notice electronically). You may ask us to give you a copy of this notice at any time.

Changes to this Notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Medical & Wellness Center premises. The notice will contain, in the lower left-hand corner, the effective date. In addition, each time you register at, or are admitted to, the Medical & Wellness Center for treatment purposes, you may request a copy of the current notice in effect.

Requests, Questions, and Complaints: If you have any questions or would like additional information on these rights, you may contact the Medical & Wellness Center’s Privacy Officer at 512-542-0552 or in writing to 601 North Lamar, Austin, TX 78703. Additionally, if you believe your privacy rights have been violated, you may file a complaint with either the Medical & Wellness Center’s Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **You will not be penalized in any way for filing a complaint.**

If Consent for a minor under 18 years of age:

Print Patient Name

Print Parent/Legal Guardian Name

Signature of Patient

Signature of Parent/Legal Guardian

Date: _____