

# NATURE'S WISDOM WELLNESS ASSOC.

## Privacy Practices For Protected Health Information

Federal Law requires that the privacy of health information /medical records be maintained. The following list ways in which we may need to disclose your health information:

- 1 If required by law to do so.
- 2 To an associate who is also committed to preserve the rights of the client in respect to confidentiality.
- 3 Reporting victims of abuse, neglect or domestic violence as required by law.
- 4 We may disclose your information in response to a court order or where we are legally obligated to do so.
- 5 We may disclose information in order to remind you of appointments.

Except as described above we will disclose your health information only with your written authorization.

You may share my/my family members (parent or guardian) with the following:

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I acknowledge that I have read and agree with this notice of Privacy Practices.

Client  
signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_