



At **Zel Vitality**, we are committed to protecting your health information. This **Notice of Privacy Practices** outlines how we may use and disclose your medical information and your rights regarding that information.

## Your Rights

### You have the right to:

- **Get an electronic or paper copy of your medical record:** You can ask to see or get a copy of your health information. We will provide it within 30 days and may charge a reasonable fee.
- **Ask us to correct your medical record:** If you believe your information is incorrect or incomplete, you can request a correction. We may deny your request, but we will explain why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way or send mail to a different address. We will accommodate reasonable requests.
- **Ask us to limit what we use or share:** You can request restrictions on certain uses or disclosures of your information. While we are not required to agree, we will comply unless the information is needed to provide you with emergency treatment.
- **Get a list of those with whom we've shared information:** You can request a list (accounting) of the times we've shared your health information for five years prior to your request date.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain if you feel we have violated your rights by contacting us at the address provided at the end of this notice.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are unable to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we will not share your information unless you give us written permission:

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

## Our Uses and Disclosures

We typically use or share your health information in the following ways:

- **Treat you:** We can use your health information and share it with other professionals who are treating you.
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Contact Information

If you have any questions about this notice or need additional information, please contact:

Dr. Serif Krkic

Location: 2841 Riviera Dr, Fairlawn, OH

Email Address: [contact@zelvitality.com](mailto:contact@zelvitality.com)

Phone Number: [330-633-1909](tel:330-633-1909)

**Zēl Vitality**