



Notice of Privacy Practices

This notice describes how health information about your child (as patients of this practice) or you (as patient of this practice) may be used and disclosed and how you have access to this information. Please review this notice carefully.

Our Commitment to Privacy:

Compassion Services, LLC is dedicated to maintaining the privacy of its patient's protected health information (PHI). We are required by law to maintain the confidentiality of this health information. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning PHI. We reserve the right to amend our notice. By federal and state law we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

Use and Disclosure of PHI:

Our practice may use and disclose PHI for the purposes of treatment, payment, and business operations. The following categories describe the different ways in which we may use and disclose PHI for these purposes.

- Treatment
- Payment
- Health Care of Information
- Release or Sharing of Information
- The Rights of Minors and Personal Representatives
- Release of Information to Business Associates
- Release of Information Required by Law
- Research Purposes
- Marketing Purposes

Your Health Information Rights:

You have the following rights regarding the PHI that we maintain about your child or you.

- Requesting Restrictions on PHI
- Inspections and Copies of PHI
- Amendment of PHI
- Accounting of Disclosure
- Right to a paper copy of this notice
- Right to file a complaint
- Right to provide an authorization of other uses and disclosures

If you have any questions regarding this notice or our health information privacy policies, please contact the office manager or medical director.

Office Phone Number: 606-230-2255

I have read this Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of the Notice of Privacy Practices.

Print Name

Date

Signature of Patient/Parent/Legal Guardian

Relationship to Patient