

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: May 16, 2020

Updated: November 30, 2025

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.

1. Our Commitment to Protecting Your Health Information

Health Now is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice. We will follow all federal and state privacy laws, including HIPAA and the HITECH Act.

2. How We May Use and Disclose Your PHI Without Written Authorization

We may use or share your PHI for the following purposes:

Treatment

To provide, coordinate, or manage your healthcare.

Example: Sharing information with specialists, laboratories, or pharmacies involved in your care.

Payment

To bill and collect payment from you, insurance companies, or third-party payers.

Example: Sending claims to your insurer.

Healthcare Operations

To improve care quality, conduct audits, train staff, or manage the clinic.

Example: Reviewing charts for quality improvement.

Telehealth and Technology Services

Telehealth visits, secure messaging, and EMR functions may involve third-party HIPAA-compliant platforms such as AdvancedMD, Zoom for Healthcare, AWS, and OpenEdge.

3. Other Uses and Disclosures Allowed or Required by Law

We may also share PHI in situations such as:

- When required by federal, state, or local law
- Public health reporting (e.g., infectious disease reporting)

- Abuse, neglect, or domestic violence reports
- Health oversight activities (audits, licensing)
- Judicial or administrative proceedings
- Law enforcement purposes
- Workers' compensation
- To prevent a serious threat to health or safety

4. Uses and Disclosures That Require Your Written Permission

We will **not** use or disclose your PHI without your authorization for:

- Marketing
- Sale of PHI
- Psychotherapy notes
- Most electronic communications for promotional purposes

You may revoke authorization at any time in writing.

5. Your Rights Regarding Your PHI

You have the right to:

Access Your Records

Request to view or get a copy of your medical record.

Request Corrections

Ask us to fix information you believe is inaccurate or incomplete.

Request Confidential Communications

Ask us to contact you in a specific way (example: only by phone).

Request Restrictions

Ask us to limit how we use or share your PHI. We are not required to agree, except for certain insurance-related restrictions when you pay out of pocket in full.

Ask for an Accounting of Disclosures

Receive a list of times we shared your PHI for purposes other than treatment, payment, or operations.

Receive a Paper Copy of This Notice

You can ask for a paper copy at any time.

6. Breach Notification

If a breach of your unsecured PHI occurs, we will notify you promptly as required by the HITECH Act.

7. Contact Information

If you have questions about this Notice or want to exercise your rights, contact:

Health Now

705 E. Main Ave, Bismarck, ND 58501

Phone: (701) 502-4669

Fax: (833) 608-1015

8. Changes to This Notice

We may update this Notice at any time. Updates will apply to all PHI we maintain and will be posted on our website and available in our clinic.