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Email: info@northviewwellness.com

Privacy Policy

At Northview Wellness Center, your privacy and the security of your personal information are of utmost importance to us. This Privacy Policy outlines how we handle and protect your health information. A comprehensive notice of privacy rights will be provided upon request.

Collection and Use of Health Information:

We use your health information for purposes such as treatment, obtaining payment for treatment with your authorization, administrative functions, and evaluating the quality of care you receive. We will not disclose your information to others unless you provide a signed authorization or when authorized or required by law.

Disclosure of Information:

We may use your health information to provide appointment reminders, treatment alternatives, office announcements, and other health-related issues. Disclosure may occur for public health activities, organ and tissue donations, research, health and safety, and governmental functions to comply with regulations.

Your Rights:

You have the right to request restrictions, obtain a copy of your health record, request communication through alternative means or locations, revoke authorization, and request an accounting of your health records. If you believe your privacy rights have been violated, you can complain to our Privacy Officer or the Department of Health and Human Services without facing retaliation.

Our Obligations:

We are committed to maintaining the privacy of your protected health information. We provide notice of our legal duties and privacy practices, abide by those practices, and notify you if we cannot agree to a requested restriction. We accommodate reasonable requests for alternative communication or locations, and we obtain written authorization for disclosures beyond those allowed by law.

Contact Information:

If you have any questions, comments, or concerns about your privacy or this Privacy Policy, please contact our office at 678-626-1868.

Thank you for entrusting Northview Wellness PC with your health information. Your well-being and privacy are our priorities.

Patient/Guardian Signature: _____ **Date:** _____

Patient Name: _____ **Date of Birth:** _____