

**Morningstar Milestones, LLC
Amanda Lawson-Ross, Ph.D.**

(352) 448-8195

www.morningstarmilestones.com

NOTICE OF PRIVACY PRACTICES

IMPORTANT: THIS NOTICE DESCRIBES YOUR PRIVACY RIGHTS AS A CLIENT OF Amanda Lawson-Ross, Ph.D., AND HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED. PLEASE REVIEW THIS NOTICE CAREFULLY AND ACKNOWLEDGE RECEIPT BY SIGNING AT THE END OF THE NOTICE.

The terms of this Notice of Privacy Practices applies to all services performed by Amanda Lawson-Ross, Ph.D., and are effective January 1st, 2019. This organization and its employees will share individual health information as is necessary to provide quality health care and receive reimbursement for those services as permitted by law. This agency is required by law to maintain the privacy practices with respect to your individual health information. The right to change the terms of this Notice of Privacy Practices is reserved as necessary. A copy of any revised notices will be available in this office or upon written request to Amanda Lawson-Ross, Ph.D., at morningstarmilestones@gmail.com. A copy will be emailed to you within 15 days of the request.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Except as described below, this agency will maintain the confidentiality of your individual health information. Your individual health information may be used and disclosed as customary and reasonable for purposes of treatment, payment, and health care operations, as well as pursuant to a signed authorization form permitting the use or disclosure. You have the right to revoke that authorization in writing unless an action has been taken in reliance on the authorization.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Except as otherwise provided, or with your signed consent, this agency will only disclose your individual health information as necessary for purposes of your treatment, payment, and as necessary for our health care operations which include clinical supervision, clinical improvement, professional peer review, business management, accreditation and licensing, as permitted by law.

FAMILY AND FRIENDS

With your written permission and using the best judgment, individual health information may be disclosed to designated family, friends and others who are involved in your care. If you are incapacitated, or face an emergency medical situation, and it is determined that a limited disclosure may be in your best interest, limited health information may be shared with such individuals without your permission.

BUSINESS ASSOCIATES

At times it may be necessary to provide your individual health information to certain outside persons or organizations that assist with health care operations, such as auditing, accreditation, legal services, etc. These business associates are required to properly safeguard the privacy of your information.

APPOINTMENTS AND SERVICES

You may be contacted to provide appointment reminders or information about your treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request, and reasonable requests by you will be accommodated, to receive communications regarding your individual health information by alternative means or at alternative locations. You may request such confidential communication in writing to Amanda Lawson-Ross, Ph.D., at morningstarmilestones@gmail.com.

OTHER USES AND DISCLOSURES

Other uses and disclosures of your individual health information, permitted or required by law, may be made without your consent or authorization.

- Release of your individual health information for any purpose required by law, including but not limited to court order
- Release of your individual health information for public health activities, such as required reporting of disease, injury, birth, death and for required health investigations
- Release of your individual health information as required by law if child, elderly, or disabled abuse or neglect is suspected
- Release of your individual health information as required by law if believed that you are the victim of abuse, neglect or domestic violence
- Release of your individual health information if required by law to a government oversight agency conducting audits or investigations of civil or criminal proceedings
- Release of your individual health information if required to do so by a court or administrative ordered subpoena or discovery request
- Release of your individual health information to law enforcement officials as required by law to report wounds and injuries and crimes

YOUR RIGHTS

1. Access to Individual Health Information

You have the right to inspect the record of your individual health information that is retained on your behalf. All requests for access must be made in writing and signed by you or your legal representative. You may obtain access from Amanda Lawson-Ross, Ph.D., at morningstarmilestones@gmail.com.

2. Amendments to Individual Health Information

You have the right to request in writing that individual health information that is maintained about you be amended or corrected. While not obligated to make all requested amendments, each request will be given careful consideration. All amendment requests, in order to be considered, must be in writing, signed by you or your legal representative, and must state the reasons for the amendment or correction requested. If an amendment or correction you request is made, others who work with us may be notified, if such notification is necessary. You may request an amendment from Amanda Lawson-Ross, Ph.D., at morningstarmilestones@gmail.com.

Accounting for Disclosures of Individual Health Information

You have the right to receive an accounting of certain disclosures made of your individual health information after January 1st, 2019. Requests must be made in writing and signed by you or your legal representative. Accounting requests may be made of Amanda Lawson-Ross, Ph.D., at morningstarmilestones@gmail.com.

4. Restrictions on Use and Disclosure of Individual Health Information

You have the right to request certain restrictions on our uses and disclosures of your individual health information. While not required to agree to your restriction request, all attempts will be made to accommodate reasonable requests when appropriate and I retain the right to terminate an agreed-to restriction of such termination is appropriate. In the event of such a termination, you will be notified of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination to Amanda Lawson-Ross, Ph.D., at morningstarmilestones@gmail.com.

COMPLAINTS

If you believe your privacy rights have been violated, you can file a complaint with Amanda Lawson-Ross, Ph.D., at morningstarmilestones@gmail.com. You may also file a complaint with the Secretary of the US Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

I acknowledge receipt of these privacy practices.

Signature

Date