



WEATHERLY DIRECT PRIMARY CARE

24 Salt Pond Rd
Suite H4 (lower level)
South Kingstown, RI 02879
Connect@weatherlydirectcare.com
Phone: 401-358-1567
Fax: 401-638-1127

HIPAA Privacy Agreement

Please review this agreement carefully as it pertains to how your medical information is protected and can be shared.

YOUR RIGHTS AS A PATIENT

Ask us to limit what we use or share: You can ask us **not** to share certain health information. We are able to say “no” to your request but only if we deem it would affect your care or due to legal requirements. We will not send information to your insurance company for payment unless the law requires us to share it or you submit that information to them directly.

Get a copy of your medical records: You can ask to see or get a copy of your medical record at any time. We will do this within 30 days of a request. We require written notice from you and can release it to you or to another provider with your signed authorization from their office. We release electronic copies only.

Get a list of those with whom we’ve shared info: You can ask for a list of the times we’ve shared your information for six years prior to the date you ask, who we shared it with, and why.

Ask us to correct your medical record: You can ask us to correct information about you that you think is incorrect or incomplete. We may say no, but if we do, we will notify you in writing within 60 days with our clinical reasoning. We cannot change medical information attached to notes not created by our office.

Get a copy of this privacy notice: You can ask for an emailed 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. We will check that that person has authority to act for you before we take action on their request. Please inform us if you have paperwork clarifying these rights so we may keep it on file.

File a complaint: If you feel we have violated your privacy, contact us at the email above. You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES AS A PATIENT

You have the choice of how we share your information:

- You may let your provider know directly if there is anyone you authorize to receive information about your medical care at your first or any subsequent visit so that your provider may note that consent. You can retract consent at any time with verbal or written notice.
- If a patient is under 18, parents/legal guardians are automatically authorized to receive/discuss medical care of their child.
- We will only share this information with other healthcare providers directly involved with your care and those persons that you have indicated to your provider directly.
- In an emergency situation, where you cannot give us information on your preferences, we will share with others only if we believe it is in your best & safest clinical interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.

Email, Text, & Portal Messaging:

By signing this agreement, you authorize Weatherly Direct Primary Care to use **non-secure email** and **non-secure text messaging** to communicate with you.

You are acknowledging that:

- your “protected health information” (as that term is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations) will not be secured by cell phone and email communication which are not considered confidential or secure, and where there is always a possibility that a third party may gain access;
- you waive Weatherly Direct Primary Care’s obligation to guarantee confidentiality with respect to correspondence via these means;
- cell & email communication can become part of the permanent medical record.
- **If you do not wish to communicate by non-secure text or email, please alert your provider and do not sign this document.**

- **You acknowledge that you have access to a secure patient portal which is HIPAA compliant and private and can be used by you instead of non-secure means at any point that you choose.**

OUR USE AND DISCLOSURES

We typically will share your private health information with:

- Other healthcare professionals who are actively treating or evaluating you - which will include personal demographics.
- Data analysts if we collect data on our practice in order to improve the care you receive - which will not include personal demographics..
- Life or disability insurance applications when we receive a signed authorization by you - - which will include personal demographics.

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