

**Acknowledgement of Receipt of Notice of Privacy Practices (NPP)**

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**HERA HEALTH - NOTICE OF PRIVACY PRACTICES**

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.

**Your Rights**

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Paper copies may incur a printing fee per page.

**Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Feel free to ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home, cell or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Ask questions or file a complaint**

- You can contact our office directly with any questions or complaints.
- You can file a complaint with the U.S. 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Treat you**

## PHREESIA NPP TEST

DOB: 01/01/1990

Age: 35 years

Gender: Male

# Patient Report

## HIPAA Agreement



We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. This can include quality assessment and improvement, providing review and training, auditing functions, cost-management analysis, management and administrative purposes and providing quality customer care.

*Example: We use health information about you to assist in an audit of the quality and care provided by our staff.*

### Bill for our services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### Business Associates

There are some services provided in our organization through contacts with business associates. To protect your health information, we require the business associates to appropriately safeguard your information.

*Example: Examples include transcription and copying services, diagnostic testing facilities, outpatient / inpatient facilities, hosting our electronic medical records. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do.*

### Research

We may disclose information to researchers when their research has been approved by an institutional review board that has established protocols to ensure the privacy of your health information.

### Contact / Marketing

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways without your consent or authorization as required and permitted under Nevada State Law – usually in ways that contribute to the public good, such as public health and research. We may also create and distribute de-identified health information by reference to individually identifiable information.

We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Unless you object, we may use or disclose information to notify or assist notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment.

If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to object to this notice, we will do what in our judgement is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgement and experience regarding your best interest in allowing people to pick-up medical supplies, x-rays or similar forms of Protected Health Information.

Any other uses and disclosures will be made only with your written consent and authorization. You have the right to revoke your consent at any time, except to the extent that Hera Health has taken action in reliance of a prior consent or authorization.

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**PHREESIA NPP TEST**

DOB: 01/01/1990  
Age: 35 years  
Gender: Male

**Patient Report**  
**HIPAA Agreement**



Patient Name: PHREESIA NPP TEST  
Date Signed: 10/30/2025

I Accept

test

10/30/2025