

# HEALING MINDS

Psychiatric-Mental Health Nurse Practitioner

## HIPAA Notice of Privacy Practices

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This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

- Your Protected Health Information (PHI) may be used for treatment, payment, and healthcare operations.
- You have the right to request restrictions on certain uses and disclosures.
- You may request to inspect or receive a copy of your medical record.
- You may request amendments to your record if you believe it is incorrect.
- You have the right to request confidential communication alternatives.
- You may file a complaint if you believe your privacy rights have been violated.

### Acknowledgment of Receipt:

Patient Full Name:

Date of Birth (MM/DD/YYYY):

Signature (Typed Name):

Date: