

# Notice of Privacy Practices

**Effective Date:** 6/2/2025

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.

## Our Responsibilities

At Forever Young LLC, we are committed to maintaining the privacy of your health information. We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you if there is a breach of your unsecured PHI

## How We May Use and Disclose Your Health Information

We may use and disclose your PHI without your written permission for the following purposes:

### For Treatment

We may use your health information to provide, coordinate, or manage your healthcare and related services.

### For Payment

We may use or disclose your information to bill and collect payment for services we provide to you.

### For Healthcare Operations

We may use and disclose your information to support the business operations of our practice, including quality assessment and improvement, training, licensing, and accreditation.

### As Required by Law

We may disclose your information when required to do so by federal, state, or local law.

### For Public Health and Safety

We may use and disclose your information for public health activities, such as preventing or controlling disease, reporting adverse reactions, or to avert a serious threat to health or safety.

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## With Your Authorization

In any other situation not described in this Notice, we will ask for your written authorization before using or disclosing your PHI. You may revoke this authorization in writing at any time.

## Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and copy** your medical record (with limited exceptions)
- **Request a correction** to your record if you believe it is incomplete or incorrect
- **Request confidential communications** in a specific manner or location
- **Request a restriction** on certain uses or disclosures (though we are not required to agree)
- **Receive a list of disclosures** we have made of your health information
- **Receive a paper copy** of this Notice upon request, even if you have agreed to receive it electronically

## Changes to This Notice

We reserve the right to change our privacy practices and this Notice at any time. Any changes will apply to all health information we maintain. An updated Notice will be available in our office and on our website.

## Contact Us

If you have any questions about this Notice or wish to exercise your rights, please contact:

### Privacy Officer

Sherry Evans  
1400 Main Street Suite 142 Clarksville, IN 47129  
502-754-2314  
Sherry@foreveryoungnp.com

If you believe your privacy rights have been violated, you may file a complaint with us or with the **U.S. Department of Health and Human Services, Office for Civil Rights**. You will not be penalized for filing a complaint.