

# HIPAA Notice of Privacy Practices

Effective Date: October 17, 2025

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**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.**

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## WHO WE ARE

This Notice of Privacy Practices (the “Notice”) describes the privacy practices of **Resonate Wellness LLC** (“the Clinic”) and its employees, practitioners, contractors, and staff who are involved in your care. All of these individuals will follow the terms of this Notice and may use or disclose your health information as permitted or required by law for purposes of treatment, payment, and health care operations.

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## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

At Resonate Wellness LLC, we understand that information about your health is personal, and we are committed to protecting it. We create a record of the care and services you receive so that we can provide quality care and comply with legal requirements.

This Notice explains how we may use and disclose your health information and outlines your rights regarding that information. We are required by law to:

1. Keep your identifiable health information private;
2. Provide you with this Notice of our legal duties and privacy practices;
3. Follow the terms of this Notice currently in effect; and
4. Notify you if there is an unauthorized use or disclosure of your unsecured health information.

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# HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Below are examples of how we may use or share your information. Not every possible use or disclosure is listed, but all fall within these categories.

## **For Treatment**

We may use or share your health information to provide, coordinate, or manage your care. For example, information may be shared with another healthcare provider involved in your treatment.

## **For Payment**

We may use or disclose your information to bill and receive payment for the treatment and services you receive.

## **For Health Care Operations**

We may use or disclose your information to support daily business operations—such as quality improvement, staff training, or compliance audits.

## **To Individuals Involved in Your Care**

Unless you object, we may share relevant information with family members, friends, or others you identify who are involved in your care or payment for your care.

## **In an Emergency**

If you are unable to agree or object, we may use our professional judgment to determine whether sharing information is in your best interest.

## **As Required by Law**

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

## **For Public Health and Safety**

We may share information for public health activities, including:

- Preventing or controlling disease, injury, or disability;

- Reporting abuse or neglect;
- Reporting reactions to medications or product recalls; or
- Notifying a person who may have been exposed to a disease.

### **For Health Oversight Activities**

We may share information with health oversight agencies for audits, investigations, inspections, or licensing purposes.

### **For Workers' Compensation**

We may release information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

### **For Legal Proceedings**

We may disclose health information in response to a court or administrative order, subpoena, or other lawful process.

### **To Law Enforcement**

We may disclose information to law enforcement officials when required or permitted by law—for example, to report certain injuries or comply with a court order.

### **For Coroners, Medical Examiners, and Funeral Directors**

We may release information to these professionals as necessary to carry out their duties.

### **To Avert a Serious Threat**

We may disclose information if necessary to prevent a serious threat to your health and safety or the safety of another person or the public.

### **Specialized Government Functions**

We may disclose information to authorized federal officials for national security, military, or protective services purposes.

### **Marketing and Sale of Information**

We will not use or disclose your health information for marketing purposes or sell your health information without your written authorization.

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## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have several rights regarding your health information. To exercise any of these rights, please contact our Privacy Officer listed below. We may ask you to make your request in writing.

### **Right to Inspect and Copy**

You may request to review or obtain a copy of your medical records.

### **Right to Request an Amendment**

If you believe that information in your record is incorrect or incomplete, you may request an amendment.

### **Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your information made by the Clinic, except for those used for treatment, payment, or operations.

### **Right to Request Restrictions**

You may ask us to limit how we use or share your information for treatment, payment, or operations. We are not required to agree to all requests, but we will consider them.

### **Right to Confidential Communications**

You may request that we contact you in a specific way (for example, at a different phone number or mailing address).

### **Right to a Copy of This Notice**

You have the right to receive a paper or electronic copy of this Notice at any time.

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## **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of this Notice at any time. Any updates will apply to all records we maintain and will be posted in our office and on our website at [www.resonatewellnessne.com](http://www.resonatewellnessne.com).

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## **QUESTIONS OR COMPLAINTS**

If you have questions about this Notice or believe your privacy rights have been violated, you may contact our Privacy Officer:

**Resonate Wellness LLC**  
Attn: HIPAA Privacy Officer  
Email: [hello@resonatewellnessne.com](mailto:hello@resonatewellnessne.com)

You may also file a complaint with the U.S. Department of Health and Human Services:

**Centralized Case Management Operations**  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
Toll-free: (800) 368-1019  
TDD toll-free: (800) 537-7697  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

You will not be penalized or retaliated against for filing a complaint.

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## **OTHER USES OF HEALTH INFORMATION**

Any uses or disclosures not covered by this Notice will be made only with your written permission. You may revoke your authorization in writing at any time, except to the extent that we have already acted in reliance on it.

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**Resonate Wellness LLC**