Serenity Mental and Medical Health Care

"Because you are alive, everything is possible."

— Thich Nhat Hanh

HIPAA NOTICE/PRIVACY PRACTICES

Last Name

First Name

This notice describes how medical information about you may be used and disclosed access to this information. Please review it carefully.	d and how you can get
Serenity Mental and Medical Health Care, PLLC/Harmony Within Mental Health, PLL Square Court, Aberdeen, NC 28315	C; 430 Magnolia
We understand the importance of privacy and are committed to maintaining the corinformation. We make a record of the therapeutic care we provide and may receive others. We use these records to provide or enable other health care providers to prohealth care, to obtain payment for services provided to you as allowed by your health us to meet our professional and legal obligations to operate this mental health practice required by law to maintain the privacy of protected health information, to provide of our legal duties and privacy practices with respect to protected health information affected individuals following a breach of unsecured protected health information. It how we may use and disclose your information. It also describes your rights and our respect to your medical information. If you have any questions about this notice, pleating the provider of the provid	such records from ovide quality mental the plan and to enable tice properly. We are individuals with notice n, and to notify his notice describes legal obligations with
See front office for "HIPAA Detail" forms. Patient Name (please print)	
Patient/Guardian Signature	Date