

**Washington Adult Clinic**  
**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.

**Effective Date: April 14th, 2024**

Washington Adult Clinic is committed to protecting the privacy of your health information. This Notice of Privacy Practices explains how we may use and disclose your medical information and your rights regarding your medical information.

**Uses and Disclosures of Medical Information:**

**Treatment:** We may use or disclose your health information to provide, coordinate, or manage your medical treatment or services.

**Payment:** We may use and disclose your health information to obtain payment for the services we provide to you.

**Healthcare Operations:** We may use and disclose your health information for activities such as quality assessment, auditing, training, and compliance.

**Authorization:** We will obtain your written authorization before using or disclosing your health information for purposes other than those described in this Notice, except as permitted or required by law.

**Your Rights Regarding Medical Information:**

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your medical information.

**Right to Amend:** You have the right to request an amendment to your medical information if you believe it is incorrect or incomplete.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your medical information.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your medical information.

**Right to Request Confidential Communications:** You have the right to request confidential communications of your medical information.

**Breach Notification:**

In the event of a breach of unsecured protected health information, we will notify you as required by law.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with Washington Adult Clinic or with the Secretary of the Department of Health and Human Services.

**Contact Information:**

If you have any questions or concerns about this Notice or our privacy practices, please contact: Privacy Officer Tyeisha Washington

Washington Adult Clinic

439 Highway 1 W

Iowa City, IA 52246

Phone: 319-867-2170

Fax: 319-867-2171

Email: [info@washingtonadultclinic.com](mailto:info@washingtonadultclinic.com)

**Changes to this Notice:**

We reserve the right to change this Notice's terms and make the new Notice provisions effective for all protected health information we maintain. We will provide you with a copy of the revised Notice during your intake process.

By scheduling an appointment with Washington Adult Clinic, you acknowledge receipt of this Notice of Privacy Practices. A copy of the notice will be provided during the intake process.

[End of Notice]