

**HEALING GRACE**  
**NOTICE OF PRIVACY PRACTICES**  
**HIGHLIGHTED OVERVIEW**

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. A full version of the Notice of Privacy Practice is available at your request.**

**Your Rights**

You have the right to:

- Inspect and get a copy of our health record in paper format
- Request an amendment to your paper record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- Receive notification in the event we inappropriately disclose your information
- File a complaint if you believe your privacy rights have been violated

**Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide continuity of care by accessing/sharing your medication history with a health exchange
- Market our services
- Raise funds

**Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with the medical examiner or funeral director
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**By signing below, I agree with the above:**

\_\_\_\_\_

**Print Name**

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Signature**