

NOTICE OF PRIVACY PRACTICES

Effective: 03/2026

Provider: Dr. Jennifer Miller, DC

Advanced Wellness Solutions, LLC

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by law to maintain the privacy and security of your Protected Health Information (PHI). We are also required to provide you with this Notice explaining our legal duties and privacy practices.

We must follow the terms of this Notice currently in effect and will notify you if a breach occurs that may have compromised the privacy or security of your information.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

PHI is information about your health, healthcare services, or payment for healthcare that can identify you. This includes medical records, treatment history, and billing information.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Treatment

We may use and share your information to provide, coordinate, or manage your healthcare. This may include sharing information with other healthcare providers involved in your care.

Payment

We may use and disclose your information to bill and receive payment from health plans or other entities.

Healthcare Operations

We may use your information to operate our practice, improve care quality, train staff, and ensure compliance with legal and professional standards.

Appointment Reminders and Communications

We may contact you by phone, text, or email to remind you about appointments or provide information related to your care.

Individuals Involved in Your Care

We may share relevant information with family members or others involved in your care unless you object.

As Required by Law

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

Public Health and Safety

We may share information for public health activities, such as disease prevention, reporting, or responding to health risks.

Abuse, Neglect, or Domestic Violence

We may report information to appropriate authorities if required or permitted by law.

Health Oversight Activities

We may disclose information to health agencies for audits, inspections, or licensing.

Business Associates

We may share information with third-party vendors who perform services for us, such as billing or IT services. These parties are required to protect your information.

Other Uses

Any other use or disclosure of your information will require your written authorization. You may revoke authorization at any time in writing.

NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS

Right to Access

You have the right to inspect and obtain a copy of your medical records.

Right to Amend

You may request corrections to your medical records if you believe they are incorrect or incomplete.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your information made by our practice.

Right to Request Restrictions

You may request limits on how we use or share your information. We are not required to agree to all requests.

Right to Confidential Communications

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

Right to a Paper Copy

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

Right to Be Notified of a Breach

You will be notified if your unsecured PHI is compromised.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy and security of your information
 - Provide this Notice of our practices
 - Follow the terms of this Notice
 - Notify you of any breach as required by law
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COMPLAINTS

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.

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

To file a complaint with HHS, visit:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

CONTACT INFORMATION

Privacy Officer: Dr Hans
Advanced Wellness Solutions, LLC
100 Park Ave Suite 108A
Rockville, MD 20850
Phone: 301-575-4458
Website: <https://healthexpressions.com/contact>

CHANGES TO THIS NOTICE

We reserve the right to update this Notice at any time. Updated versions will be available in our office and on our website.