Sheila L. Uridil, MSN, APRN, AGACNP-BC, ANP-BC
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NEIGHBORHOOD
HEALTHCARE

Notice of Privacy Practices

Effective Date: 26 October 2025

This Notice describes how your medical information may be used and disclosed, and how you can get access to this information.
Please review it carefully.

Our Commitment to Your Privacy

We understand that your medical information is personal. We are committed to protecting it. This Notice explains how we may use and share your protected health information (PHI), and your rights regarding that information.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI without your authorization for the following purposes:

1. Treatment: We may use or share your information with healthcare providers involved in your care to coordinate and manage your treatment.
Example: Sharing lab results with a specialist.

2. Payment: We may use and share your information to bill and collect payment for services you receive. Currently, we are a "cash only" business and will not be sharing your information with any insurance(s)

3. Healthcare Operations: We may use your information for internal operations such as quality assessment, staff training, and accreditation.
Example: Reviewing patient records to improve care quality.

4. As Required by Law: We will disclose your information when required to do so by federal, state, or local law.

5. Public Health and Safety: We may share your information with public health authorities to help prevent disease, report adverse events, or protect public safety.

6. Law Enforcement and Legal Proceedings: We may release information if required by a court order, subpoena, or for law enforcement purposes as permitted by law.

7. Workers' Compensation: We may disclose health information for workers' compensation or similar programs.

Uses and Disclosures Requiring Your Authorization

We will not use or disclose your PHI for the following without your written permission:

- Marketing communications
- Sale of health information

If you provide authorization, you may revoke it in writing at any time, except for actions already taken.

Your Rights Regarding Your Health Information

You have the right to:

1. **Access Your Records** – Request to view or get a copy of your health information.
2. **Request a Correction** – Ask us to correct information you believe is inaccurate or incomplete.
3. **Request Confidential Communications** – Ask that we contact you in a specific way (e.g., by mail, phone, or email).
4. **Request Restrictions** – Ask us not to use or share certain information. (We may not be able to agree in all cases.)
5. **Request a List of Disclosures** – Receive a list of when your health information was shared for purposes other than treatment, payment, or operations.
6. **Receive a Paper Copy of This Notice** – You may request a printed copy at any time.
7. **File a Complaint** – 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 (HHS). We will not retaliate against you for filing a complaint.

To file a complaint with our office, contact:

📍 *Joseph Uridil IV*

📞 *402.580.7159*

📧 *Neighborhoodhealthcarej.s@gmail.com*

📪 *1820 S. Johnson LN, Chino Valley, AZ 86323*

To file a complaint with HHS:

Office for Civil Rights (OCR)
U.S. Department of Health & Human Services
Website: https://www.hhs.gov/ocr/privacy/hipaa/complaints

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Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your health information.
- Provide you with this Notice describing our legal duties and privacy practices.
- Notify you if a breach occurs that may have compromised your information.
- Abide by the terms of this Notice.

We reserve the right to change this Notice and will post the updated version with a new effective date. You may request a copy at any time.

Contact Information:
Neighborhood Healthcare
1820 S Johnson LN, Chino Valley, AZ 86323
402.580.7159
Neighborhoodhealthcarej.s@gmail.com
https://www.healthcarejs.com/