



Notice of Privacy Practices

Zivi Health

Address: 106 Mission Ct, Ste 103B, Franklin, TN 37067

Phone: (615) 880-8553

Website: www.zivihealth.com

Effective Date: 12/9/2024

This Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

1. Our Commitment to Your Privacy

At Zivi Health, LLC, we are committed to protecting the privacy and confidentiality of your personal health information (PHI). We are required by law to maintain the privacy of your health information, provide you with this Notice of Privacy Practices, and follow the privacy practices described herein.

This notice applies to all health records created or received by Zivi Health, LLC, including medical records, treatment records, billing records, and any other information we use or store in connection with your healthcare.

2. How We Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

a. Treatment

We may use your health information to provide, coordinate, or manage your healthcare and related services. For example, we may share your information with other healthcare providers involved in your treatment, such as specialists or laboratories.

b. Payment

We may use and disclose your health information to obtain payment for services provided. For example, we may need to disclose certain information to insurance companies, third-party payers, or billing agents to process claims.

c. Healthcare Operations

We may use and disclose your health information for healthcare operations, such as quality improvement, performance evaluation, and administrative purposes. This includes activities such as reviewing the quality of care provided and assessing the competence of healthcare professionals.

d. Appointment Reminders

We may use and disclose your health information to contact you for appointment reminders, follow-up care, or to discuss treatment plans.

e. Treatment Alternatives and Health-Related Benefits

We may use and disclose your health information to inform you about treatment options, alternatives, or health-related services that may be of interest to you.

3. Other Uses and Disclosures of Your Health Information

a. Family and Friends

With your permission, we may share your health information with family members, friends, or others who are involved in your care or payment for your care.

b. Public Health and Safety

We may disclose your health information to public health authorities for the purposes of preventing or controlling disease, injury, or disability, or to report adverse reactions to medications or other treatments.

c. Law Enforcement and Legal Purposes

We may disclose your health information in response to a court order, subpoena, or other legal process, or to comply with other legal requirements such as reporting child abuse or neglect.

d. Research

Under certain circumstances, we may use or disclose your health information for research purposes, subject to strict ethical guidelines and with appropriate oversight.

e. Required by Law

We may disclose your health information if required to do so by federal, state, or local law.

4. Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

a. Right to Inspect and Copy

You have the right to inspect and obtain a copy of your health information that is maintained by us. Requests for copies may be subject to a fee for the cost of copying, mailing, or other administrative costs.

b. Right to Amend

If you believe your health information is incorrect or incomplete, you have the right to request that we amend it. We may deny your request if the information is accurate or was not created by us.

c. Right to Request Restrictions

You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or healthcare operations. While we are not required to agree to all requests, we will consider them and inform you of our decision.

d. Right to Confidential Communications

You have the right to request that we communicate with you in a certain way (e.g., by phone or email) or at a specific location, if you feel that disclosing information in other ways may put you in danger or cause harm.

e. Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures made by us of your health information for purposes other than treatment, payment, and healthcare operations. This request may be subject to a fee for the cost of processing the request.

f. Right to File a Complaint



If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

5. How to Exercise Your Rights

To exercise any of the rights listed above, please contact our office at:

Zivi Health

Address: 106 Mission Ct, Ste 103B, Franklin, TN 37067

Phone: (615) 880-8553

6. Changes to This Notice

We reserve the right to change the terms of this Notice of Privacy Practices and to make the new notice provisions effective for all health information we maintain. If we make significant changes, we will provide you with an updated notice. You can always obtain a copy of the current Notice of Privacy Practices at our office or on our website.
