

Notice of Information Practices and Privacy Statement

For

**Wellness Evolutions and Dr. Elizabeth W. Borg, Ph.D.
(734) 453-2207**

How We Collect Information About You: Wellness Evolutions and its' employees and volunteers collect data through a variety of means including, but not necessarily limited to letters, phone calls, emails, voice mails and from the submission of health forms that are either required by law, or necessary to process health care forms or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), or directly or indirectly given to us, is held in the strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about health forms or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How Do We Use Your Information: Information is only used as is reasonably necessary to process paperwork, intake forms or to provide you with health or counseling services which may require communication between Wellness Evolutions and health care providers, supplement companies or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical products, devices, supplements, insurance.

We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or payment for your healthcare, but only if you agree that we may do so.

We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health and safety, or the health and safety of others.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except if a visitor willingly gives us their contact information to receive future information such as but not

limited to our newsletter and activities alerts. Secure, encrypted information that has to be obtained from visitors that utilize our merchant cart will never be shared in anyway.

We do use affiliate programs that may not capture traffic data through our site. To avoid potential data capture where you visited, simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of Wellness Evolutions. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advanced permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you have sent us will ever be publicly used without your direct and indirect consent.

Patient/Parent or Guardian Signature _____

Patient Name (Please Print) _____

Date: _____