

**PEHR Technologies, LLC
4001 S. 700 E., Suite 500
Salt Lake City, UT 84107**

Thank you for your interest. In order participate in these custom services, you must first open a PEHR Custom Services Account. Please print this form, fill it out and sign it, make a copy for yourself, then mail this form and your cashiers check or money order (no personal checks) for **\$60** to:

PEHR Technologies, LLC
4001 S. 700 E, Suite 500
Salt Lake City, UT 84107

When PEHR Technologies receives this form, they will contact you by email to set up your first transaction. If you have questions, please email PEHR at: support@pehrtech.com

Name: _____
____Male ____Female Birth date ____/____/____
Phone: home: ____-____-____ cell: ____-____-____ work: ____-____-____
Email: _____
Mailing Address: _____
City _____
State: _____ Zip: _____
Best time to Call: _____

NOTICE OF PRIVACY PRACTICES

PEHR Technologies, LLC is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information or PHI). In conducting our business of custom transcriptions, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our operations.

We reserve the right to change the privacy practices described in this notice, in accordance with the law.

How PEHR Technologies, LLC May Use or Disclose Your Health Information (PHI):

For Company Operations: PEHR Technologies, LLC may use and disclose your PHI for operational purposes. For example, your PHI may be disclosed to employees of PEHR Technologies to evaluate the performance of their duties, and learn how to improve our facilities and services.

Disclosures required by law and for law enforcement: PEHR Technologies, LLC may use/disclose your PHI when required to do so by federal, state or local law. Examples: for judicial and administrative proceedings pursuant to legal authority, and to assist law enforcement officials in their law enforcement duties.

Health Oversight Activities: We may use/disclose your PHI to authorities for audits, investigations, inspections, licensure or other purposes related to oversight of PEHR Technologies, LLC.

Deceased Patients: We may release PHI to a medical examiner/coroner and funeral directors to enable them to carry out their lawful duties.

Health and Safety: Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

For Military, national security, or incarceration/law enforcement custody: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may disclose your health information to the proper authorities so they may carry out their duties under the law.

Marketing: We may contact you to give you information about health-related benefits and services that may be of interest to you.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

Your Rights Regarding your PHI:

You have the following rights regarding the PHI that we maintain about you.

Confidential Communication: You have the right to receive confidential communication of health information. You may request that we communicate with you about your health and related issues in a particular manner. For example, you may wish to receive information about your health status through a written letter sent to a private address. We will accommodate reasonable requests.

Request restrictions on certain uses and disclosures. You have the right to ask for restriction on how your health information is used or to who your information is disclosed, even if the restriction affects our company operations. However we are not required to agree to a requested restriction. In order to request a restriction in our use/disclosure of your PHI you must make your request in writing to: PEHR Technologies, LLC, 4001 S. 700 E., Suite 500, Salt Lake City, UT 84107.

Inspection and copies: You have the right to inspect and receive a copy of your health information. This right does not apply to psychotherapy notes or information gathered for judicial proceedings. You must submit your request in writing to PEHR Technologies, LLC, 4001 S. 700 E., Suite 500, Salt Lake City, UT 84107 in order to inspect and/or obtain a copy of your health information. In addition, we may charge you a reasonable fee if you want a copy of your health information.

Amendment: Request to correct your health information. If you believe your health information is incorrect, you may ask us to correct the information. To request an amendment, your request must be made in writing and submitted to PEHR Technologies, LLC, 4001 S. 700 E., Suite 500, Salt Lake City, UT 84107. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However if we disagree with you and believe your health information is correct, we may deny your request.

Accounting of disclosures: Receive a record of disclosures of your health information. An “accounting of disclosures” is a list of certain non-routine disclosures that we have made of your PHI for the purposes not related to treatment, payment or operations. In order to obtain an accounting of disclosures, you must submit your requests in writing to PEHR Technologies, LLC, 4001 S. 700 E., Suite 500, Salt Lake City, UT 84107.

Right to provide an authorization for other uses and disclosures: We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

Paper Copy of this notice: Receive a paper copy of this Notice of Privacy Practices upon request. You may also obtain a copy of this notice at our website: www.pehrtech.com/customservices.pdf , click on “Order Form.”

File a Complaint: In you believe your privacy rights have been violated, you may file a written complaint with us or the secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

If you have questions about this Notice, please contact PEHR Technologies, LLC, 4001 S. 700 E., Suite 500, Salt Lake City, UT 84107.

I have received a copy of this Notice of Privacy Practices.

Signed: _____ Date: _____