



Journey to Wellness Healing Center
Notice of Privacy Practices (NPP)

We understand that sensitive information may be disclosed during your session(s), and we want to gain your trust in us, so everything you reveal, and all your personal information is kept strictly confidential. Unless you request otherwise, your information may be shared with the other practitioner at Journey to Wellness Healing Center to coordinate session(s) if one is covering the other. You may request (below) for us to release your information to other individuals.

I request that my information not be shared with other practitioners at Journey to Wellness Healing Center.

I do not want my information to be shared with any other individuals.

I consent that my information can be shared with the following individual(s):

Name: _____

Relationship: _____

Can be shared: Via email Via phone/voicemail

Name: _____

Relationship: _____

Can be shared: Via email Via phone/voicemail

Name: _____

Relationship: _____

Can be shared: Via email Via phone/voicemail

I have the right to review the Notice of Privacy Practices prior to signing this consent. Journey to Wellness Healing Center reserves the right to revise its Notice of Privacy Practices at any time.

With this consent, Journey to Wellness Healing Center may call or text my home cell phone number and leave a message on voice mail in reference to any items such as appointment reminders.

With this consent, Journey to Wellness Healing Center may e-mail to my home or other alternative location any items such as appointment reminders or my after-visit notes.



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The only time Journey to Wellness Healing Center will share your information with or without your consent includes:

- We are served with a valid subpoena.
- Complying with a court order, government audit, or civil or criminal investigation.
- We have a reasonable suspicion of harm to others or self.

I may revoke my consent in writing except to the extent that Journey to Wellness Healing Center has already made disclosures in reliance upon my prior consent.

I have received, read, and agree to this Notice of Privacy Practices (NPP).

Yes No

Print Name: _____

Signature: _____

Date: _____