

Notice of Information Practices and Privacy Statement For

**Rosen Wellness, LLC
2005 Ironwood Parkway, Suite 105
Coeur d'Alene, ID 83814
(208) 771-6570**

How We Collect Information About You: Rosen Wellness, LLC (RW) and its employees and volunteers collect data through a variety of means including but is not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications and other forms that is necessary to process applications 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), contained in or attached to appliances, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applications or clients who apply for or actually receive our services that is considered client confidential.

How Do We Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services.

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.

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 RW. 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 sent to us will ever be publicly used without your direct or indirect consent.

Date: 7/15/2021

Date: _____

Client/ Parent or Guardian Signature: _____

Client Name (Please Print): _____

I authorize RW to discuss my protected health information with the following individual(s):

Name: _____ *Relationship:* _____

Name: _____ *Relationship:* _____

It is my responsibility to inform RW of any changes regarding the status of any individuals I have authorized to receive my information.