



## **Your Information. Your Rights. Our Responsibilities.**

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This privacy notice describes how clinical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### **Your Rights**

You have the right to:

- Get a copy of whatever records we have retrieved for you
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Talk with your healthcare team on your behalf

### **Our Uses and Disclosures**

We may use and share your information as we:

- Work as nurse advocates on your behalf
- Run our organization
- Bill for your services