

Valerie Ozsu MSN CNM NP

ProEft Practitioner, Nutrition Response Testing

524 Merchant Street, Ste A, Vacaville, California • Tel: 707-474-9670 • Cell Phone: 707-631-1048

Websites: www.healthybalancedwomen.com www.healthofhealers.org

E-mail: Valerie@healthybalancedwomen.com

How We Collect Information About You: Natural Health and Wellness Center, Inc (NHC) 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 applications that is either required by law, or 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 applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, and rent, sell, lend, or disseminate any information about applicants 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 We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between NHC and health care providers, medical product 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 supplies, devices, medications, insurance,

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 for one hit counter on the main index page (<http://www.empoweredwomeninhealthandbalance.com> and <http://www.healthofhealers.org>) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture that you visited for example, a diabetes website simply does 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 NHC. 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 advance 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 send to us will ever be publicly used without your direct or indirect consent.

Client Consent Form

I, _____ (print or type in your name) **give my consent for Valerie Ozsú MSN CNM NP ProEft Practitioner, Nutrition Response Testing, to speak openly about our sessions, or exchange audios, intake forms or other medical test results* with Consultants who work with Valerie Ozsú related to health restoration, stress reduction, mercury detoxification and/or hormone balancing or any of the services available through Natural Health and Wellness Center, Inc.**

*** Please list any exceptions to the exchange of client information below:**

Signed _____ **Date:** _____
Use digital signature if done online