



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY BEFORE SIGNING

Federal law requires us to maintain the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. HIPAA gives you, the patient, new rights to understand and control how your health information is used. That law also requires us to give you this explanation of how we maintain the privacy of your health information. “Protected Health Information” (PHI) is information about you, including demographic information that may identify you, that relates to your past, present, or future mental or physical health or condition and related health care services. We are required by federal law to abide by the terms of the Notice of Privacy Practices. We reserve the right to change our privacy practices, provided the changes conform to the applicable laws. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available on request.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, health care operations, health care reminders, and for public benefit. Any other disclosure will require your written authorization.

- Treatment – we will use your health information to provide, coordinate or manage your health care and any related services. We may disclose your health information to our staff members or other health care professionals involved in your health care either in our practice or outside our practice. For example, laboratory test results will be available in your medical record to all health professionals who may provide treatment or to staff members who may be involved in your care.
- Payment – your health information may be used to bill and obtain payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to your representative, and insurance company or another third party payor. We may also provide protected health information to collection departments, consumer reporting agencies or any other health care provider who requests information necessary for them to collect payment.
- Healthcare operations – your health information may be used as necessary to support the operation of the Naturopathic Health Center, LLC, and to monitor our quality of care. We may use your protected health information for internal purposes such as general administrative activities, to evaluate our employees, and for education and training purposes. For example, we may call you by name in the waiting room when ready to see you, and we may use your health information to contact you and remind you of your upcoming appointment.

We may also use and disclose health information about you for specific purposes without your written authorization. The following are various ways in which we may use or disclose your health information:

- As required by law – we may disclose your protected health information when required to do so by federal, state, or local law or other judicial or administrative proceedings.

- Law enforcement – your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.
- Public health reporting – your health information may be disclosed to public health agencies as required by law; e.g., we are required to report certain communicable diseases to the state’s public health department.
- Emergency – we may use or disclose your protected health information in the case of an emergency treatment situation. If your physician or another physician in the practice must treat you and the physician has attempted to obtain your consent, he or she may still use or disclose your health information to treat you.
- At our office – unless you object, we may use and disclose certain limited information about you on our sign-in sheet while you are in our office. This information may include your name but will not include your condition. We may also call you by name to notify you that a provider is ready to see you or when we need to discuss something with you.
- Individuals involved in your care or payment of your care – unless you object, we may disclose your protected health information to a family member, relative, close personal friend or any other person you identify who is involved in your care. These disclosures are limited to information relevant to the person’s involvement in your care or in the payment for your care.
- Treatment alternatives – we may use or disclose your health information to inform you about treatment alternatives and other health-related benefits and services that may be of interest to you. This may include treatments, services, products, other health care professionals, special programs, and/or nutritional services.
- Appointment reminders – we may use or disclose your protected health information to remind you about appointments you have scheduled at our office. We may notify you of these appointments using the contact information you have provided for us to mail or call with the reminder.
- Marketing – we may use and disclose your health information for marketing activities or to send you information about products or services that we believe may be beneficial to you. If you do not wish to be contacted for these purposes, please call or write our office.
- Research – your protected health information may be used for research purposes, provided that the privacy and safety aspects of the research have been reviewed and approved by an institutional review board or privacy board. The board must have an established procedure to ensure that your protected health information remains confidential.
- Fundraising – we may use your protected health information such as your name, address, and phone number to contact you in an effort to raise money for a program developed by our practice. If you do not want to be contacted, please notify us in writing.

Other uses and disclosure require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization.

Except in those circumstances listed above, we will use and disclose your protected health information only with your written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Your Individual Rights

You have certain rights under the federal privacy standards regarding your health information. These include:

- Right to request restrictions – you have the right to request restrictions on the use and disclosure of your protected health information. We are not required to agree to your requested restriction,

but if we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment and in certain other instances.

- Right of access to personal health information – you have the right to inspect and obtain a copy of your medical and billing records. In most cases, we may charge a reasonable fee for our costs in copying and mailing your requested information.
- Right to request amendment – you have the right to request that we amend medical or billing records or other protected health information maintained by us, for as long as the information is kept by us. Your request must be made in writing and must state the reason for the requested amendment. We have the right to deny your request for amendment if the information is deemed accurate and complete, as determined by Naturopathic Health Center, LLC.
- Right to an accounting of disclosures – you have the right to request an “accounting” of certain disclosures of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You must submit your request in writing, stating a time period that is within six years from the date of your request. An accounting will include, if requested: the disclosure date, the name of the person or entity that received the information and address, if known, a brief description of the information disclosed. We may charge you for these requests at a reasonable rate.

Special rules regarding disclosure of mental health conditions, substance abuse, sexually transmitted diseases and HIV/AIDS

For uses and disclosures concerning health information relating to care for mental health conditions, substance abuse, sexually transmitted diseases or HIV/AIDS, special restrictions may apply. For example, we generally do not disclose specially protected information in response to subpoena, warrant, or other legal process unless 1) you sign a written authorization or 2) a court orders the disclosure and mandates the necessary safeguards to protect the information after it is released.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint in writing with Naturopathic Health Center, LLC, or by contacting the Secretary of Health and Human Services. We will take no punitive action against you for filing a complaint.

Changes to this Notice

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures of health information, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised Notice provisions effective for all health information already received and maintained by Naturopathic Health Center, LLC. We will post any revisions in our office. The revised Notice will be available to your upon request.

This Notice is effective on or after 4/01/08.

Acknowledgement of Acceptance of Notice of Privacy Practices

I hereby acknowledge that the Naturopathic Health Center, LLC, has provided me with a copy of their Notice of Privacy Practices. I also understand that I am entitled to receive updates upon request if there are changes to the Notice of Privacy Practices in a material way.

Patient Name (Please Print)

Signature of Patient

Date

Name of Guardian

Signature of Guardian

Date

Relationship

THIS SECTION IS TO BE COMPLETED BY NATUROPATHIC HEALTH CENTER, LLC,
IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

I attempted to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above named patient, but was unable to for the following reason:

Patient declined to sign the written acknowledgement

Other (specify): _____

Name of Employee

Date