

## HIPAA NOTICE OF PRIVACY PRACTICES

***Effective April 14, 2003***

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.**

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") we are required to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to such protected health information.

We are required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of our notice at any time and to make the new notice provisions effective for all protected health information that we maintain. In the event that we make a material revision to the terms of our notice, the new notice will be posted both in our office for you to view and on our website. If you should have any questions or require further information, please contact our Privacy Officer at (570) 857-2273.

### **How We May Use or Disclose Your Health Information**

**Uses and Disclosures:** The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization. We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred or to whom referred you to Nutrawize Lifestyle Nutrition Services, LLC. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in several situations.

Other uses and disclosures without your written authorization: We may use or disclose protected health information about you without your authorization for several purposes required or permitted by law. Subject to certain requirements, we may use or disclose your protected health information without your authorization as follows: to you upon request or as required by law; when required by the Secretary of the Department of Health and Human Services; for public health activities; to our business associates; to your personal representatives; for certain incidental uses or disclosures; for face-to-face communications that we make with you regarding products or services; to provide gifts of nominal value to you or your family; to correctional institutions if you are an inmate; to help prevent or control communicable diseases; to your employer in limited circumstances, typically related to workplace injuries or medical surveillance; for reporting abuse, neglect, or domestic violence; for health oversight activities authorized by law; for judicial and administrative proceedings; for law enforcement; to funeral directors, coroners, and medical examiners; for purposes of organ, eye, or tissue donation; to avoid serious threat of harm to health and safety; for specialized governmental functions; for auditing purposes; for certain research studies; for workers' compensation purposes; for emergencies or disaster relief; to persons involved in your care or payment related to your care; for notification purposes with respect to your care, condition, location or death. We may also contact you about appointment reminders, treatment alternatives, or fundraising. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

**Your rights:** In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you only for normal photocopy fees and costs associated with producing such copies. You have the right to receive a list of certain types of disclosures of your information that we made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

**Our Legal Duty:** We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices outlined in this notice, and seek your acknowledgement of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice both in our office for you to view and on our website. You can also request a copy of our notices at any time. For more information about our privacy practices, contact our privacy officer at (570) 857-0921.

**Complaints:** If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the US Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

# Nutrawize Lifestyle Nutrition Services, LLC

If you have complaints, please contact:

Nutrawize Lifestyle Nutrition Services, LLC  
RE: Privacy Notice  
Jennifer M. Penrose, RD, LDN  
HCR 1 Box 186  
Paupack, PA 18451  
(570) 857-2273

## Further Details:

**Treatment:** We may use or disclose your health information to provide, coordinate, or manage your treatment and any related services. For example, information obtained by a provider providing health care services to you will record such information in your record that is related to your treatment. This information is necessary to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond. Your protected health information may be provided to another health care provider to whom you have been referred to ensure that the health care provider has adequate information to diagnose and/or treat you.

**Payment:** Your protected health information will be used, as needed, in activities related to obtaining payment for your health care services. For example, obtaining approval for services may require that your relevant protected health information be disclosed to your health insurance company.

**Health Care Operations:** We may use or disclose, as needed, your health information for health care operations in order to support our business activities. Health care operations include, but not limited to, client satisfaction surveys, quality assessment and improvement activities, and management and general administrative activities. For example, members of our quality improvement team may use information in your health record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide. In reviewing employee performance, we may need to view information that employee recorded in your medical record.

**Business Associates:** There may be instances where services are provided to our organization through contracts with third-party "business associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require within our own business.

**Required by Law:** We will disclose medical information about you when required to do so by federal, state or local law.

**Communication with Family or Friends:** Our service professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Marketing/Fundraising:** We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives, other health-related benefits and services that may be of interest to you, or fundraising. You may contact us to request that these materials not be sent to you.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

# Nutrawize Lifestyle Nutrition Services, LLC

**To Avert a Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans:** If you are a member of the armed forces, we may disclose health information about you as required by military command.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure.

**Protective Services for the President, National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

**Law Enforcement:** We may disclose health information when requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders; in emergency circumstances; or when required to do so by law.

**Inmates:** We may disclose health information about an inmate of a correctional institution or under the custody of a law enforcement official to the correctional institution or law enforcement official.

**Lawsuits and Disputes:** We may disclose health information about you in response to a subpoena, discovery request, or other lawful order from a court.

**Plan Sponsors:** We may disclose health information about you to your plan sponsor to carry out plan administration functions that the plan sponsor performs upon certification by the plan sponsor that the plan documents have been amended as set forth under HIPAA regulations.

## Your Rights Regarding Your Health Information

The following describes your rights regarding the health information we maintain about you. To exercise your rights, you must submit your request in writing to our Privacy Officer at HCR 1 Box 186, Paupack, PA 18451.

**Right to Request Restrictions.** You have the right to request that we restrict uses or disclosures of certain parts of your health information to carry out treatment, payment, health care operations, or communications with family or friends. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction.

**Right to Receive Confidential Communications.** You have the right to request that we send communications that contain your health information by alternative means or to alternative locations. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

**Right to Inspect and Copy.** You have the right to inspect and copy health information that we maintain about you in your health records. If copies are requested or you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor and supply cost of copying; postage; and preparation cost of an explanation or summary, if such is requested. We may deny your request to inspect and copy in certain circumstances as defined by law. If you are denied access to your health information, you may request that the denial be reviewed by another licensed health care professional that we designate.

**Right to Amend.** You have the right to have us amend your health information for as long as we maintain such information. Your written request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete. You have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

**Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your health information made by us in the six years prior to the date the accounting is requested (or shorter period as requested). This does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; communications with family and friends; for national security or intelligence

# Nutrawize Lifestyle Nutrition Services, LLC

purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003. Your first request for accounting in any 12-month period shall be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request for accounting within the same 12-month period.

**Right to Obtain a Paper Copy.** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. If this privacy notice was sent to you electronically, you have the right to obtain a paper copy upon request.

To exercise any of the rights explained above, please make a request in writing to our Privacy Officer at the address provided below.

### Changes in our Notice of Privacy Practices

We may change our privacy practices at any time and the new terms shall apply to all protected health information about you that we have at the time of the change and to all protected health information about you that we maintain in the future. If we make any material changes, we will change our Notice of Privacy Practices and post it in our office and on our website for you to view. The changes will not take effect until they are reflected in a revised Notice of Privacy Practices. You can request a copy of our Notice of Privacy Practices at any time. If this Notice of Privacy Practices was sent to you electronically, you have the right to obtain a paper copy upon request. For more information, contact the Privacy Officer listed on the first page of this Notice.

### How to File a Complaint if You Believe Your Privacy Rights Have Been Violated

If you believe that your privacy rights have been violated, please submit your complaint in writing to:

**Nutrawize Lifestyle Nutrition Services, LLC**  
**Attn: Privacy Officer**  
**HCR 1 Box 186**  
**Paupack, PA 18451**

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

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Acknowledgement of receipt of Notice of Privacy Practices:

Please sign and print your name and date on this acknowledgement form. Then detach the form from the Notice along the dotted line and return your signed acknowledgement to the receptionist or to the address above.

I acknowledge receiving a copy of the Notice of Privacy Practices of Nutrawize Lifestyle Nutrition Services, LLC.

Printed Name of Patient: \_\_\_\_\_

Printed Name of Authorized Representative (if applicable): \_\_\_\_\_

Signature of Patient or Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Comments of Nutrawize Lifestyle Nutrition Services, LLC regarding why written acknowledgement was not obtained:

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