



## **HIPAA NOTICE OF PRIVACY PRACTICES**

***Effective Date: 03/01/2015***

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact: *Karen E. Mountjoy at Coastal Family Nutrition, 603-674-2479 or Karen@CoastalFamilyNutrition.com.*

### **PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

I, *Karen E. Mountjoy, Coastal Family Nutrition*, understand that protected health information about you and your health is personal. I am committed to protecting health information about you. This Notice applies to all records of your care generated by *Coastal Family Nutrition*.

This Notice will tell you about the ways in which I may use or disclose protected health information about you. I also describe your rights and certain obligations I have regarding the use and disclosure of protected health information. Federal law requires me to:

- Make sure that protected health information that identifies you is kept private;
- Notify you about how I protect protected health information about you;
- Explain how, when, and why I use and disclose protected health information; and
- Follow the terms of the Notice that is currently in effect.

I am required to follow the procedures in this Notice. I reserve the right to change the terms of this Notice and to make new Notice provisions effective for all protected health information that I maintain by:

- Posting the revised Notice in our office;
- Making copies of the revised Notice available upon request

### **HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that I may use and disclose protected health information without your written authorization.

**For Treatment.** I may use protected health information about you to provide you with, coordinate, or manage your medical treatment or services. I may disclose protected health information about you to doctors, nurses, technicians, medical students, or persons outside of my office who are involved in your medical care.

I may use and disclose protected health information to contact you as a reminder that you have an appointment.

**For Payment for Services.** I may use and disclose protected health information about you so that the treatment and services you receive at *Coastal Family Nutrition* may be billed to and payment may be collected from you, an insurance company, or a third party. For example, I may need to give your health plan information about nutrition services you received so your health plan will pay us or reimburse you for the service. I may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** I may use and disclose protected health information about you for health care operations, such as quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all patients receive quality care. Subject to applicable state law, in some limited situations the law allows or requires me to use or disclose your health information for purposes beyond treatment, payment and operations. However, some of the disclosures set forth below may never occur through this office.

**As Required by Law.** I will disclose protected health information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** I may use and disclose protected 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.

I may also disclose protected health information about you to a government authority if I reasonably believe that you are a victim of abuse, neglect, or domestic violence. I will only disclose this type of information to the extent required by law, and I will only disclose it if (a) you agree to the disclosure, or (b) the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

**Judicial and Administrative Proceedings.** I may disclose your protected health information in response to a court or administrative order. I may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by me or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

**Business Associates.** I may disclose information to business associates who perform services on our behalf (such as billing companies). However, I require that these associates appropriately safeguard your information. My business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Law Enforcement.** I may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. I may also disclose protected health information in response to a request related to identification or location of an individual, a victim of crime, a decedent, or a crime on the premises.

## YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, I may use or disclose protected health information about you in the following circumstances:

- I may share with a family member, relative, friend or other person identified by you protected health information that is directly relevant to that person's involvement in your

care or payment for your care. I may also share information to notify these individuals of your location, general condition, or death.

- I may share protected health information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary under emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to the contact person listed on page 1 of this Notice (Karen E. Mountjoy).

#### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information that we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care or payment for your care. If I maintain your protected health information electronically, you can request that we provide access in an electronic form and format that is readily producible, or in a form and format agreed to by us.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to *Coastal Family Nutrition*. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or supplies associated with your request. I may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I will respond to your request no later than 30 days after I receive it. There are certain situations in which I am not required to comply with your request. In these circumstances, I will respond to you in writing, stating why I will not grant your request and describe any rights you may have to request a review of my denial.

**Right to Amend.** If you feel that protected health information I have about you is incorrect or incomplete, you may ask me to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted to Coastal Family Nutrition. In addition, you must provide a reason that supports the amendment.

I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In these circumstances, I will provide a written denial stating why I will not grant your request. In addition, I may deny your request if you ask me to amend information that:

- Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by *Coastal Family Nutrition*;
- Is not part of the information that you would be permitted to inspect and copy; or
- I believe is accurate and complete.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time. To receive a paper copy, contact *Coastal Family Nutrition*.

**Right to Receive Notice of Breach.** You have a right to be notified upon a breach of any of your unsecured protected health information.

### **OTHER USES AND DISCLOSURES**

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those described in this Notice (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

### **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may file a complaint with *Coastal Family Nutrition* or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint.

**If you file a complaint, we will not take any action against you or change our treatment of you in any way.**

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and make the new Notice apply to health information we already have, as well as any information we receive in the future. We will post a copy of our current Notice in our office. The notice will have the effective date clearly marked at the top of the first page.