



NOTICE OF PRIVACY PRACTICES

To the patients of Nature's Helper Medical Clinic:

I understand that your health information is private. In order to provide you with quality care and comply with legal requirements, I create a record of the care and services that you receive in the office. This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

- A. It is my legal duty to protect the confidentiality of your health information.
- B. I may use and disclose your protected health information in order to provide you with treatment, to obtain payment for services and for healthcare operations.
 - a. **Treatment:** I will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred.
 - b. **Payment:** Your protected health information will be used, as needed to bill and receive payment for treatment and services. For example, I may inform an insurance company about a certain treatment that I intend to provide you, so that I can obtain the appropriate approvals, and/ or confirm coverage for your treatment.
 - c. **Healthcare Operations:** I may use or disclose your protected health information, as necessary, for internal operations, such as general administrative duties and quality assurance programs. These activities include, but are not limited to: quality assessment, training of medical students, and conducting or arranging for other business activities. For example, we may disclose information as it relates to health care operations to accountants who are auditing our billing records.
- C. I may use and disclose your protected health information without your authorization in limited situations.
 - a. **As Required by Law.**
 - b. **Emergencies.**
 - c. **Public Health Risk.**
 - d. **At the Office (unless you object).** For example, calling your name in the waiting room.
 - e. **Individuals Involved With Your Care or Payment of Your Care (unless you object).** For example, a family member or close friend who you identify.
 - f. **Reporting Victims of Abuse or Neglect**

Other circumstances include: Disaster relief, health oversight activities, judicial proceedings, law enforcement, coroners, medical examiners, funeral directors, organ/ tissue donation organizations, research, to avoid a serious threat to health or safety, military and veterans, national security, inmates/ law enforcement custody, worker's compensation, appointment reminders, and business associates.

- D. Your authorization is required for all other uses and disclosures of your protected health information.

Except for the examples above, I will disclose your personal health information only with your written authorization. You may revoke authorization in writing, at any time.

E. Your rights regarding your protected health information.

- a. **You have the right to inspect and copy your protected health information.** The charge will be no more than \$ 0.45 per page. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in connection with criminal or civil administrative proceeding, protected health information that is subject to law that prohibits access to protected health information.
- b. **You have the right to request a restriction of your protected health information.** This means that you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved with your care or for notification purposes.
- c. **You have the right to request confidential communications from us by alternative means or at an alternative location.**
- d. **You have the right to request an amendment.**
- e. **You have the right to receive an accounting of certain disclosures that we have made, if any, of your protected health information.**
- f. **You have the right to obtain a paper copy of this notice from us.** You may opt to download a copy from www.natureshelpermedical.com.

F. Special rules regarding the disclosure of mental health conditions, substance abuse, and HIV-related information.

Protected health information related to the care of mental health conditions, substance abuse, and HIV-related conditions, may be subject to special restrictions. For example, I may not generally disclose this information in response to a subpoena, warrant or other legal process, unless you sign an authorization or if a court orders the disclosure.

G. Complaints.

If you believe that your privacy rights have been violated you may file a complaint in writing, with us, or the federal government.

To file a complaint with the federal government, you may contact:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W. Room 509F
HHH Building
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.