



Carolina Nutrition Consultants, LLC

HIPAA 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.

Under the HIPAA privacy regulations, we are required by federal law to maintain the privacy of your protected health information (“PHI”). PHI is information about you that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. Federal law also requires us to provide you with notice of our legal duties and privacy practices with respect to PHI, and we are required to abide by the terms of the notice currently in effect. We reserve the right to change our notice of privacy policies and this change will effect all PHI that we maintain. Before we make a material change in our policies, we will change our notice and post the new notice in the waiting area, and on our website. You may request a copy of the notice at any time.

Your PHI may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your PHI may also be used and disclosed to pay your healthcare bills and to support the operation of our office. The following is a list of examples of the types of uses that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you medical care when you visit our office. This includes the coordination or management of your healthcare-for instance, we can disclose your PHI to third parties for treatment (such as a specialist we refer you to).

Payment: We may disclose your PHI for payment purpose. For example, PHI may be disclosed to your insurance provider so we may be reimbursed for services rendered to you. Or, we may need to disclose your PHI to your health plan when obtaining approval for a hospital stay or diagnostic tests.

Healthcare Operations: We may disclose or use your PHI to support the business activities of this office. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical or nursing students, licensing, and conducting or arranging other business activities. For instance, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician.

In addition, the practice may use or disclose your PHI in accordance with the specific requirements of the HIPAA regulations without us needing to obtain an authorization or giving you an opportunity to agree or object if any of the following instances occur:

- Required by law. For example, we must provide your PHI to the Secretary of the Department of Health and Human Services in the Secretary so request.
- Required for public health purposes. For example, we may disclose PHI for the maintenance of vital records such as the numbers of births and deaths.
- Required disclosures about victims of abuse, neglect, or domestic violence. For example, we may disclose PHI for the reporting for spousal or child abuse.
- Required by a health oversight agency for oversight activities authorized by law. For example, we may disclose PHI to government health oversight agencies for such purposes as investigations, inspections, audits, surveys, and licensure.
- Required in the course of any judicial or administrative proceeding. For example, we may disclose PHI in response to a court or administrative order if you or your PHI is involved in a lawsuit or similar proceeding.
- Required for law enforcement purposes. For example, we may disclose PHI for the purpose of identifying a fugitive from justice.
- Required by a coroner or medical examiner. For example, we may disclose PHI to a medical examiner to identify a deceased individual or to identify the cause of death.
- Required for organ or tissue donation purposes. For example, we may disclose PHI to an organ donation bank to facilitate the donation if you are an organ donor.
- Required for research purposes. For example, we may disclose PHI to a medical university to aid their research activities.
- Required to prevent or lessen a serious and imminent threat to the health and

safety to the person or the public. For example, we may disclose PHI to prevent the spread of a communicable disease.

- Required for military purpose. For example, we may disclose the PHI of individuals who are in the armed forces for activities deemed necessary by appropriate military command authorities to ensure the proper execution of the military mission.

- Required for national security purpose. For example, we may disclose PHI to the appropriate government agencies for counter-intelligence purposes.

Required for penal purposes. For example, we may disclose a patient's PHI to a correctional facility if the patient is an inmate in the facility.

Required for workers' compensation programs. For example, we may disclose a patient's PHI for worker's compensation and other similar programs.

Please note that we may contact you about appointment reminders or treatment alternatives or to raise funds.

You have the following rights regarding your PHI:

Confidential Communications: You have the right to request that you receive communications of PHI by alternative means or at alternative locations. For example, you may request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. You do not need to give a reason for your request, and we must accommodate reasonable requests.

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. In addition, you have the right to request that we restrict disclosure of your PHI to certain individuals involved in your care or the payment of your care, such as family members or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. We may terminate the restriction by informing you of the termination, except that such termination is only effective with respect to PHI created or received after we have informed you of the restriction termination.

Inspection and Copies: You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, except for psychotherapy notes,

information compiled in anticipation of litigation, or that we are otherwise forbidden by law to disclose. You must submit your request in writing to the office designated at the bottom of this notice. We may charge a fee for the costs of copying, mailing, labor, and supplies associated with the request. We may deny your request in certain cases; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Amendment: If you believe the information we have about you is incorrect or incomplete, you may ask that we modify or add to the information. To do so, please submit your request in writing to the office designated at the bottom of this notice. We may also deny a request for amendment in the following cases: (1) the current information is accurate and complete; (2) it is not part of the medical information we keep; (3) it is not part of what you would be allowed to view and copy; and (4) it was not created by us. If we deny the request, you have the right to file a statement of disagreement. We may then prepare a rebuttal and we will give you a copy of the rebuttal.

Accounting and Disclosures: You have the right to receive an accounting of disclosures of PHI made by us in the six years prior to the date on which the accounting is requested. We are not required to include in the list we provide you the following types of disclosures: (1) to carry out treatment, payment, and healthcare operations; (2) to you; (3) for our directory; (4) for national security or intelligence purposes; (5) to correction institutions or law enforcement officials; or (6) that occurred prior to April 14, 2003. Your request must be in writing and be sent to the office designated at the bottom of this notice. The first accounting you request within a 12-month period will be free. Additional accountings may involve a charge, and you may cancel or adjust your request before any fees are incurred.

Right to Provide an Authorization: We will obtain your written authorization for uses and disclosures that are not identified in this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the purpose described in the authorization.

Paper Copy of Notice: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy, simply inform the office designated on the bottom of this notice.

Filing Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the office designated at the bottom of this notice. All complaints must be writing and we will not penalize you for filing a complaint.

Contact information regarding this notice for the privacy policies described above:

CAROLINA NUTRITION CONSULTANTS, LLC

407 West Main Street

Lexington, SC 29072

(803) 996-0312

www.cnconweb.com

carolinanutrition@cnconweb.com

Client Signature

In signing this document, I acknowledge that I have received and agree to terms outlined in the HIPAA Notice of Privacy Practices.

X

Print Name:

Date: