

Effective Date of this Notice: November 2004

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A CLIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

MY COMMITMENT TO YOUR PRIVACY

Linda Banks (formerly Krafsur) MHPE, RD, CHT is dedicated to maintaining the privacy of your individually identifiable health information (IIHI) entrusted to her. Because I value this relationship, I do not sell your IIHI to outside organizations for marketing purposes. In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your IIHI. By federal and state law, I must follow the terms of the notice of privacy practices that I have in effect at the time.

I realize these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your IIHI
- Your privacy rights in your IIHI
- My obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained in my practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records created or maintained in my practice, in the past, and for any of your records I may create or maintain in the future. I will post a copy of my current Notice in my office in a visible location at all times, and you may request a copy of the most current Notice at any time. If you have any questions about this notice please ask me.

I MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which I may use and disclose your individually identifiable health information (IIHI):

- 1. Treatment.** My practice may use your IIHI to treat you. For example, I may ask to see results of laboratory tests (such as blood or urine tests), and I may use the results to help reach a diagnosis and treatment plan. I may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. I may also disclose your IIHI to other health care providers for purposes related to your treatment.
- 2. Payment.** I may provide your insurer with details regarding your treatment to help you determine if your insurer will cover, or pay for, your treatment. I may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.
- 3. Appointment Reminders.** I may use and disclose your IIHI to contact you and remind you of an appointment.
- 4. Treatment Options.** I may use and disclose your IIHI to inform you of potential treatment options or alternatives.
- 5. Disclosures Required By Law.** I will use and disclose your IIHI when I am required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which I may use or disclose your identifiable health information:

- 1. Public Health Risks.** I may disclose your IIHI to public health authorities that are authorized by law to collect information for purposes such as:
 - maintaining vital records, such as births and deaths
 - preventing or controlling disease, injury or disability
 - notifying a person regarding potential exposure to a communicable disease
 - notifying a person regarding a potential risk for spreading or contracting a disease or condition
 - reporting reactions to drugs or problems with products or devices
 - notifying individuals if a product or device they may be using has been recalled

- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury, illness or medical surveillance.

2. Health Oversight Activities. I may disclose your IHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws & the health care system in general.

3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. I also may disclose your IHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if I have made an effort to inform you of the request or to obtain a court or administrative order protecting the information the party has requested.

4. Law Enforcement. I may release IHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death I believe has resulted from criminal conduct
- Regarding criminal conduct at my office
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Serious Threats to Health or Safety. My practice may use and disclose your IHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

9. Military. My practice may disclose your IHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. My practice may disclose your IHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. My practice may disclose your IHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

- for the institution to provide health care services to you
- for the safety and security of the institution, and/or
- to protect your health and safety or the health and safety of other individuals

12. Workers' Compensation. I may release your IHI for workers' compensation and similar programs.

YOUR RIGHTS REGARDING YOUR IHI

You have the following rights regarding the IHI that we maintain about you:

1. Confidential Communications. You have the right to request that I communicate with you about your health and related issues in a particular manner or at a certain location, for example, you may ask that I contact you at home, rather than work.

2. Requesting Restrictions. You have the right to request a restriction in my use or disclosure of your IHI in certain cases. You have the right to request that I restrict disclosure of your IHI to certain individuals involved in your care. I am **not required to agree to your request**; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IHI

4. Amendments. You may ask me to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by me.

5. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of my privacy notice practices.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services.

8. Right to Provide an Authorization for Other Uses and Disclosures. I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your IHI may be revoked at any time in writing. After you revoke your authorization, I will no longer use or disclose your IHI for the purposes described in the authorization. Please note, I am required to retain records of your care.