

Dalit Szkolnik, MA, RD, LD/N, CEDRD-S

Registered Dietitian

## **NOTICE OF PRIVACY PRACTICES**

Effective Date: February 26, 2012

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

### **OUR LEGAL DUTY AND COMMITMENT TO PRIVACY**

We are and have always been committed to maintaining the privacy of your protected health information, known as PHI. Because of the Health Care Information Portability and Accountability Act, known as HIPAA, we are now required by law to provide you with this Notice of Privacy Practices and of our legal duties regarding your HPI.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

We provide each patient (and patient's parent, for patients under 18 years of age) with an authorization form to allow us to provide PHI to your other health professionals and your insurance company when it is necessary to coordinate your treatment, to obtain payment on your behalf of one of your other health care providers, or for health care operations (the administration of this practice and our patient services).

We are also required or permitted to provide your PHI without additional authorization in the following situations: to you or your personal representatives upon request; when required by the Secretary of the Department of Health and Human Services and for public health activities; to our business associates; 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 relates to workplace injuries or medical surveillance; for reporting abuse, neglect or domestic violence; for health oversight activities authorized by law (such as civil or criminal investigations, audits, licensure and disciplinary proceedings, etc.); for judicial and administrative proceedings (such as in response to court orders or discovery requests); for law enforcement to funeral directors, coroners and medical examiners; for purposes of organ, eye or tissue donation; to avoid a serious threat of harm to health and safety; for specialized governmental functions (e.g. military operations, national security); 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 your appointment reminders, treatment alternatives or with educational information regarding your health condition. In any other situation, we will ask for your written authorization before using or disclosing any of your PHI. If you sign an authorization to use or disclose information, you can later revoke that authorization to stop further uses and disclosures.

### **INDIVIDUAL RIGHTS**

In most cases, you have the right to look at or obtain a copy of PHI that we maintain about you. We may

charge a fee for costs related to your request. We may, under certain circumstances, deny your request but if we do, you can obtain a review of that denial by another licensed health care professional that we designate. You also have the right to receive an “accounting”, which lists certain instances when we have disclosed PHI about you for reasons other than treatment, payment or healthcare operations. The request can cover a time period no longer than six years from the date of disclosure. Your first request in a 12-month period is free. After that, we may charge for costs related to additional requests. If you believe that information in your record is incorrect, or if important information is missing, you also have the right to request that we correct the existing information, or add the missing information. We have the right to deny such a request under certain circumstances.

You have the right to request that your health information about be communicated to you in a confidential manner such as asking that we contact you at work rather than home. You may request that we restrict how we use or disclose information about you for treatment, payment or healthcare operations, or to persons involved in your care (except when specifically authorized by you, when required by law, or in emergency circumstances). We will consider your request for such restrictions, but are only bound by them if we agree to them. To exercise any of the rights described above, please make a request in writing to Dalit Szkolnik, at the address above.

### **CHANGES IN OUR NOTICE OF PRIVACY PRACTICES**

We may change our privacy practices at any time and the new terms shall apply to all PHI about you that we have at the time of the change our Notice of Privacy Practices and post it in the waiting area of our office. The changes will not take effect until they are reflected in a revised Notice of Privacy Practices. You may request a copy of our Notices of Privacy Practices at any time.

### **COMPLAINTS**

If you are concerned that we have violated your privacy rights, you may contact Dalit Szkolnik. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be retaliated against for filing a complaint.

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**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

*Please sign and return this page. You may keep the Notice of Privacy Practices for your records.*

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name (if patient is under 18): \_\_\_\_\_

I acknowledge receiving a copy of the Notice of Nutrition Counseling Group's Privacy Practices

\_\_\_\_\_  
Patient Signature (or Parent/Guardian signature if patient is under 18)      Today's Date