

## Nutrition Your Way LLC Notice of Privacy Practices

**This Notice Describes The Way In Which Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.**

### **I. NUTRITION YOUR WAY LLC. HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.**

Nutrition Your Way LLC is legally required to protect the privacy of information that is related to your health care that can be used to identify you. This information is called “protected health information” (PHI) for short. PHI includes information that we have created or received about you and your health condition(s). We are required by law to provide you with this Privacy Notice that explains our privacy practices and how, when, and why we use and/or disclose your PHI.

We are legally required to follow the privacy practices that are described in this notice. We reserve the right to change our privacy policies and the terms of this notice at any time. Before any important policy changes go into effect, we will change this notice and the new notice will be posted in all our registration areas for public viewing.

You may request a copy of this notice at any time by contacting Amanda Petty at (401) 308-5531.

### **II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

Personal information about you, your medical history and health care treatment may be recorded, either on paper or in computer files, as part of providing you with health care. This information is vital to the normal business operation of the practice, and therefore is necessary in order to provide you and others with the highest quality of health care.

#### **A. We may disclose your PHI for the following reasons:**

- 1. We may disclose your PHI for treatment.** We may use medical information about you to provide you with medical treatment or services. For example: the practice may disclose medical information about you to physicians, nurses, technicians, medical students or personnel who are involved with the administration of your care.
- 2. We may disclose your PHI in order to bill and collect payment for the treatment and services provided to you.** We may send a bill to you or a third party payor for the rendering of services by the practice. The bill may contain information that identifies you, your diagnosis, procedures and supplies used. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
- 3. We may disclose your PHI for health care operations.** We may use your PHI to evaluate the performance of the health care services you received. We may also provide your PHI to our accountants, attorneys, consultants and others in order to make sure we comply with the laws that govern us.
- 4. We may disclose your PHI in the event that you require emergency treatment.** If you need emergency treatment, or if you are unable to communicate with us we, may disclose your PHI if it is in your best interest.
- 5. We may disclose your PHI when required by federal, state or local law, administrative or legal proceedings, health oversight activities, or by law enforcement.** Some examples of these disclosures include PHI regarding victims of abuse, neglect, or domestic violence and/or patients with gunshot and other wounds. In addition, Nutrition Your Way LLC must disclose PHI when ordered to comply with a legal or administrative proceeding. We may also provide PHI in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to contact you about the request.
- 6. We may disclose your PHI for public health activities.** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

7. **We may disclose your PHI to Business Associates.** Some services in our practice are provided through contracts with business associates. We may disclose PHI to our business associates so that they can perform the job we have requested and bill a third party for services rendered.
8. **We may disclose your PHI for research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research. Your PHI will only be used or disclosed to researchers when the practice determines that the protocols have been established to ensure the privacy of your health information.
9. **We may disclose your PHI to avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or a person able to prevent or lessen such harm.
10. **We may disclose your PHI for worker's compensation claims.** We may provide PHI to comply with laws relating to worker's compensation and other similar programs.
11. **We may disclose your PHI for appointment reminders and health-related benefits or services.** We may use and disclose medical information to contact you as a reminder that you have an appointment for a treatment or medical care at the practice office or to inform you of treatment alternatives, or other health care services or benefits that may be available.
12. **We may disclose your PHI for law enforcement purposes.** We may disclose PHI to assist officials in locating a suspect, fugitive, material witness or missing person. In addition, we may disclose PHI to officials regarding criminal conduct.

**B. You may object to the following uses and disclosures.**

1. **Disclosures to family, friends or others.** Health professionals, using their best judgment, may disclose to family members, friends or other people that you indicate. Unless you object in whole, or in part, health information relevant to that person's involvement in your care or payment related to your care.

**C. All Other Uses and Disclosures Require Your Prior Written Authorization.**

In any other situation not described in Section II, we will ask for your authorization before using or disclosing any of your PHI.

**III. RIGHTS YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION.**

You have the following rights with respect to your PHI:

**1. Right to Inspect and Copy.** You have the right to inspect and copy medical information that we retain on your behalf. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing signed by you or your authorized representative. If you request a copy of the information, we may charge a reasonable fee in accordance with Rhode Island General Law for copying and the costs of postage and supplies associated with your request. You may obtain an access request form from Nutrition Your Way LLC at (401) 308-5531.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request the denial be reviewed.

**2. Right to Request Amendment.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the practice. We may deny your request if you ask us to amend information that:

- a. Was not created by us
- b. Is not medical information that is kept by or for the practice.
- c. Is not medical information you are permitted to inspect or copy.

d. Is accurate and complete.

To request an amendment, the request must be made in writing and submitted to Nutrition Your Way LLC. The amendment request must be in writing, signed by you or your authorized representative and must state the reasons for the amendment/correction request.

**3. Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

To request a limit on the use and disclosure of your PHI, you must submit your request in writing to Nutrition Your Way LLC. Your request should include the information you want to limit and to whom you want the limits to apply. For example, disclosures to your spouse.

**4. Accounting for Disclosure of Your PHI.** You have the right to receive an accounting of certain disclosures made by us of your PHI up to six (6) years prior to the date of the request. Requests must be made in writing and signed by you or your authorized representative. Accounting requests are available from Nutrition Your Way LLC at 401-308-5531. The first accounting in any 12-month period is free. You will be charged a fee of twenty-five dollars for each subsequent accounting you request within the same 12-month period.

**5. Right to Choose How Nutrition Your Way LLC Sends PHI.** 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. To request confidential communications, you must make your request in writing to Nutrition Your Way LLC. Your request must specify how or where you wish to be contacted.

- V. COMPLAINTS.** If you believe your privacy rights have been violated, you can file a complaint with Nutrition Your Way LLC at 401-308-5531. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of a violation. There will be no retaliation for filing a complaint.
- VI. ACKNOWLEDGEMENT OF RECEIPT OF NOTICE.** You will be asked to sign an acknowledgement form that you received this Notice of Privacy Practices.
- VII. FOR FURTHER INFORMATION.** If you have questions or need further assistance regarding this policy, you may contact Amanda Petty, Nutrition Your Way LLC at 401-308-5531.
- VIII. EFFECTIVE DATE.** This Notice of Privacy Practices is effective July 1, 2012.