

Taste Life Nutrition Therapy, LLC

HIPAA Notice of Privacy Practices

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: _____

This notice outlines your protected health information, how it may be used, and what your rights are. Please review carefully and ask any questions prior to signing.

Questions about this notice can be directed to Taste Life Nutrition Therapy, LLC address:

1824 S. Cincinnati Ave. Tulsa, OK 74119; phone: (918) 942-9474; email: contact.tastelife@gmail.com

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We, Taste Life Nutrition Therapy, LLC, understand that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all the records of your care generated by Taste Life Nutrition Therapy, LLC, whether made by Taste Life Nutrition Therapy, LLC personnel or your personal doctor or other health care provider. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

The law requires us to:

- make sure that protected health information that identifies you is kept private
- notify you about how we protect protected health information about you
- explain how, when and why we use and disclose protected health information
- follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- posting the revised Notice in our office
- making copies of the revised Notice available upon request
- posting the revised Notice on our website.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information without your written authorization.

For Treatment: We may use protected health information about you to provide you with, coordinate or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other Taste Life Nutrition Therapy, LLC personnel who are involved in taking care of you. Taste Life Nutrition Therapy, LLC staff may also share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people outside Taste Life Nutrition Therapy, LLC who may be

involved in your medical care. We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care Taste Life Nutrition Therapy, LLC. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services.

For Payment for Services: We may use and disclose protected health information about you so that the treatment and services you receive at Taste Life Nutrition Therapy, LLC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at Taste Life Nutrition Therapy, LLC so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose protected health information about you for Taste Life Nutrition Therapy, LLC health care operations, such as our quality assessment and

improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all of our patients receive quality care. We may also combine protected health information about many Life Nutrition Therapy, LLC patients to decide what additional services Life Nutrition Therapy, LLC should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Life Nutrition Therapy, LLC personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study healthcare and health care delivery without learning who the specific patients are. We may also contact you as part of a fundraising effort. Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our facilities.

As Required By Law: We will disclose protected health information about you when required to do so by federal, state or local law.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Health Risks: We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates: We may disclose information to business associates who perform services on our behalf (such as billing companies); however, we require them to appropriately safeguard your information.

Public Health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, which may be necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement: We may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. We may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

Organ and Tissue Donation: If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Special Government Functions: If you are a member of the armed forces, we may release protected health information about you if it relates to military and veterans' activities. We may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or

determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Correctional Institutions and Other Law Enforcement Custodial Situations: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

Worker's Compensation: We may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Food and Drug Administration: We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstances:

- We may share with a family member, relative, friend, or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition or death.
- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to our contact person listed on page 1 of this Notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to Claire Gish and/or Natalie Bessinger. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted to Claire Gish and/or Natalie Bessinger. In addition, you must provide a reason that supports your request. We will act on the/ your request for an amendment no later than 60 days after receiving the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the protected health information kept by Taste Life Nutrition Therapy, LLC.
- Is not part of the information which you would be permitted to inspect and copy, or
- We believe is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing to Claire Gish and/or Natalie Bessinger. You may ask for disclosures made up to six years before your request (not including disclosures made before June 25, 2014). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment

- For health care operations
- Made to or request by you, or that you authorized
- Occurring as a byproduct of permitted use and disclosures
- For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates
- As part of a limited data set of information that does not contain information identifying you

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described on pages 4-5. To request restrictions, you must make your request in writing to Claire Gish and/or Natalie Bessinger.

Right to Request Confidential Communications: 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 Claire Gish and/or Natalie Bessinger. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time by contacting Claire Gish and/or Natalie Bessinger.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provide for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Claire Gish and/or Natalie Bessinger or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence of the complaint or violation. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Acknowledgement Confirming Receipt of HIPAA Privacy Notice

I acknowledge I have received a copy of the HIPAA Privacy Notice. Please print, sign and date below and bring this with you to your scheduled initial appointment.

Client Name (printed): _____

Client/Guardian Signature: _____

Date: _____

Notice of Privacy Practices

Effective Date: 04/14/03

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL HEALTH, ALCOHOL AND OTHER DRUG RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information: Information about your health care, including payment, is protected by State and Federal Law¹. Under these laws, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) may not say to any person outside the ODMHSAS that you receive services from us without your consent. Generally, ODMHSAS must get your written consent before we can release information about you.

EXAMPLE: We must get your written consent before we can release information to your health insurer for payment.

You may cancel your consent in writing at any time. You cannot cancel consent for information that has already been released. Federal law **allows** us to release information without your written permission:

1. If ODMHSAS has an agreement with an outside organization known as a qualified service organization or business associate to provide services to the Department or to our consumers;
2. For research, audit or evaluations;
3. To report a crime committed on ODMHSAS property or against ODMHSAS staff;
4. To medical personnel in a medical emergency;
5. To report suspected child abuse or neglect; or
6. As allowed by a court order.

EXAMPLE: ODMHSAS can release information without your consent to an outside organization that provides services to ODMHSAS or to our consumers, such as data processing, laboratory, or financial services or to another medical facility to provide healthcare to you, as long as we have a proper business associate/qualified service organization agreement in place.

¹ The Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2.

Your Rights Regarding Your Medical Information

Request Restriction: You may ask us to limit certain uses or disclosure of your health information. ODMHSAS will consider your request, but does not have to agree. If your request is granted, ODMHSAS will comply except in emergency situations. We cannot agree to limit uses or releases that are required by law.

Request Confidential Communications: You may let us know how and where you would like to be contacted. For example, you can ask that we contact you by phone rather than mail or at work rather than home. Your request must be in writing. We will go along with reasonable requests. We will not ask you for a reason.

Inspect and Copy: In most cases, you have the right to see or get copies of your records. You must make your request in writing using the "ODMHSAS Consent for Release of Confidential Information" form. You may be charged for copies of your records.

Amend/Correct: You may ask us to change information in your records if you think there is a mistake. However, we will not erase the original information. You must make a written request that explains your reason(s). We do not have to agree to your request for changes if we determine, among other things, that the current information is correct and complete.

An Accounting of Disclosures: You may ask for a list of persons to whom your health information has been released since April 14, 2003. The first list will be free. We may charge for additional lists. We will tell you about any charges and allow you to withdraw or change your request.

A Paper Copy of this Notice: You may ask us for a copy of this notice at any time.

ODMHSAS Duties

State and Federal laws require ODMHSAS to keep your health information private and to give you this notice of our legal duties and privacy practices. By law, we will follow the terms of this notice. ODMHSAS has the right to change this notice. Any changes will apply to information we already have about you, as well as any future information. The notice contains an effective date. We will post a copy of the current notice in each facility and on our web site, <http://www.odmhsas.org>. In addition, we will offer you the current notice each time you are admitted.

Complaints and Reporting Violations

You may complain to ODMHSAS and the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated under state or federal law. You will not be penalized for filing a complaint. To file a complaint with ODMHSAS contact:

OKC Metro: 405/573-6605 or (Statewide) Toll Free: 866/699-6605

Office of Consumer Advocacy
2401 NW 23rd Street, Suite 82
Oklahoma City, OK 73107

If you have any questions about this notice or our privacy practices, please contact our Privacy Officer at 405/522-3908.

Violation of confidentiality laws by ODMHSAS is a crime. Suspected violations of the confidentiality law may be reported to the United States Attorney.

Last Modified on 07/01/2013