

## 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 READ AND REVIEW IT CAREFULLY.

Our Healthcare Practice takes patient privacy matters seriously. We work hard to meet and exceed rules and regulations and will work to keep you informed regarding our office policies and your personal rights regarding privacy.

Federal and state laws require our facility to maintain the privacy of your health information. We are also required to provide you with this notice about our privacy practice, our duties, and your rights concerning your personal health information. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect on January 1, 2008, and will stay in effect until we replace it, at which time we will issue a notice to you, the patients, indicating a new activation date. This is in accordance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA Privacy Regulations"). You may request a copy of our Notice at any time, and may request additional copies, as needed, by contacting our office.

### **Use and Disclosure of Your Medical Information**

**Treatment:** We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you. Information about you is available to the staff at our office. We will exercise our judgment in only distributing the minimum necessary information needed when sending health information to any outside associations.

**Shared Information within our Practice:** Information about you may be shared with our colleagues in order to provide you with the best quality health care.

**Payment:** Your health information will be Sent to third party payers for insurance collection and, when applicable, to collection agencies for assistance to us receiving payment for services rendered. The information on or accompanying the bill may include your medical information. We will use our professional judgment and experience with common practices to make decisions on what information to disclose to insure payment.

**Business Operations:** Your medical information may be used and disclosed for our health care operations. These activities may include conducting quality reviews, assessing practitioner performance, evaluation or business costs, conducting training programs licensing, accreditation, and certain certification activities we need to serve you.

**Family, Friends, Personal Representative and Others:** We may disclose your health information to a family member, friend, or other persons to the extent necessary to help with healthcare or with payment for healthcare or Services. You may request that we do not disclose information to anyone other than yourself, of which we will abide except where laws compel us to do otherwise. You may inform this office of the persons you would like your information disclosed to and we will abide by your request, except where laws compel us to do otherwise. We will use our professional judgment on the information disclosing your health information that it is directly relevant to the person's involvement in your healthcare.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization. Under federal privacy rules, we may send

you updated information about our practice or healthcare systems, information regarding programs and products we offer to further enhance your care and treatment, send reminder notices for appointments, and offer small nominal gifts from time to time. We will never provide your name or health information to an outside organization for marketing purposes outside of this office.

**Business Associates:** We contract with third party individuals and entities (business associates) to perform various functions on our behalf, which involves the use and/or disclosure of your health information. Business associates must agree in writing to appropriately safeguard your information and abide by our policies.

**When the Law Requires Us to Disclose:** We may disclose your health information to government agencies or others, as required by law. Example of this may include, but are not limited to, law enforcement, required state agency reporting, or coroners seeking to confirm identity. Additionally, we disclose to military authorities for purposes such as national security.

**Abuse and Neglect:** We may disclose your health information to appropriate authorities that are authorized to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, we may disclose your information to a government entity authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence.

### **Patients Rights**

**Access to Records:** You have the right to look at copies of your health information, with limited exemptions. You may request photocopies and copies of x-rays. We will use the format you request, unless we are practically unable to do so. You must make your request in writing to our office. We can provide you with forms to do this, or you may do it by writing a letter specifying exactly what you want to view. If we provided photocopies, we may charge you a set fee for each page copied. If you wish to receive x-ray duplicates, we may charge a set fee per film copied. Check with the office for current fee schedule. If you request an alternate format, we may charge you per expense we incur to satisfy your request. You may prefer to ask for a summary rather than receive all pages in your file. We may be able to prepare a summary depending on what you are seeking to obtain. The fee for Summation will vary depending on the amount of time it took to compile the information. The hourly rate for Summation is also on our current fee schedule. We have 30 days, and sometimes longer, to respond to your request, depending on what is required to meet your request.

**Protocol for Preservation of Patient Records:** Pursuant to State laws and the requirements of the State of California for the preservation of patient records, this is intended to inform all patients of New Horizons Naturopathic Clinic and its providers and members (herein NHNC) of their rights and obligations. Patients, or their representatives, may request copies of their records, in writing. NHNC agrees to comply with California law for the production of these records and will timely respond to any reasonable requests. NHNC will maintain your records for a period of seven years from the last date of service. NHNC reserves the right to destroy your records. Should NHNC exercise that right, NHNC will first attempt to contact you and inform you of your right to obtain a copy of these records. NHNC will attempt to contact you by regular mail, at your last known address, and will give you thirty (30) days to respond and request in writing that your records not be destroyed. If you do not respond to this notice, you will be waiving your rights to have your records preserved. Should NHNC or its providers retire their services, cease to practice, or sell the practice to another health care professional, NHNC will notify all eligible patients, by regular mail, concerning the location of their records and how they may request

copies of those records. The required notice will be sent to each eligible patient's last known address.

**List of Disclosures:** You have the right to receive a list of all the times we, or our business associates, shared your health information for purposes other than treatment, payment, and health care operations and other specified exemptions.

**Restrictions:** You have the right to place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions; however, if we do agree, we abide by agreement, except in certain emergency situations where we are inclined to share important health information.

**Communications to You:** You may request we communicate with you about your information by alternate means or to alternate locations, when you make the request in writing. You must specify the alternative means or locations and provide satisfactory explanation how payments will be made under the alternative means or location.

**Electronic Notice of This Information:** If you received this Notice electronically (via e-mail or website access), and wish to receive a paper copy, you have the right to obtain a paper copy by making the request in writing to this office, or simply print the document from your on printer as needed or desired.

#### **Questions and Complaints**

If you have any questions about this Notice, or if you think we may have violated your privacy right, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit a request involving any of your rights by writing to the following address: **New Horizons Naturopathic Clinic, 23945 Calabasas Road, #101, Calabasas CA 91302.**

- i) We support your right to protect the privacy of your health information. You can be assured there will be no retaliation of any kind if you choose to file a complaint with us or with the U.S Department of Health and Human Services.