

Passion for Healing Naturopathic Privacy Policy

Physician Legal Duties:

Dr. Mindy Curry is required by state and federal law to maintain the privacy of the protected health information in your patient file, to provide you with this notice of our privacy practices, and to abide by the terms of this notice while it is in effect. Dr. Curry reserves the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice Dr. Curry will notify you in writing as soon as possible.

Dr. Curry may obtain these types of Protected Health Information about you:

Your protected health information may be used and disclosed by Dr. Curry, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing Naturopathic services to you, to pay your medical bills, to support the operation of the doctor's practice, and any other use required by law.

Demographic Information: including your name, date of birth, phone number(s), home/billing address, address name of your employer, your spouse or other family members, and emergency contact (s).

Health Information: including your health history such as your current and/or ongoing health problems, including medications, allergies, advised treatment and outcomes of that treatment, past illnesses or injuries, family medical history, your social habits including use of tobacco, alcohol, or drugs, and your lifestyle including living situation and family structure.

Payment Information: including your record of medical fees, adjustments, payments to *Passion for Healing Naturopathic*, and your insurance carrier if applicable.

Insurance Information: including the name of the insured person, your insurance carrier, insurance policy numbers, benefits and eligibility information.

Dr. Curry may use and disclose Protected Health Information about you in these ways:

Protected Health Information used or disclosed for the following purposes does not require your consent:

For Treatment: Dr. Curry will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services, including coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. As another example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We may use and disclose your health information to doctors, nurses, technicians, office staff or other personnel to provide, coordinate or manage your health care and any related services. For example, your protected health information may be disclosed to another health care provider treating you, a nurse or technician who is assisting in your treatment, a hospital in which you are admitted as a patient, a pharmacy so that they can fill or refill a prescription for you, or to schedule tests for you with a laboratory. Your health information may also be used to provide you with appointment reminders.

For Payment: We may use and disclose your information to obtain payment for Naturopathic services you receive. For example your information including your conditions or reasons for seeking care and the care received may be used to obtaining approval for a hospital stay, determine eligibility for insurance or benefits, to file, process or pay a claim for you, or for insurance approval payment for recommended tests and treatment. We may provide information about your services to a health care clearinghouse so that they may distribute a claim to your insurance carrier on our behalf.

For Health Care Operations: *Passion for Healing Naturopathic* may use or disclose protected health information about you in order to evaluate ourselves or to meet a business need of the organization such as quality assessment activities, treatment efficacy reviews, employee reviews, training medical students or residents, compliance audits by your insurance carrier, and conducting or arranging for other business activities. Your protected health information may also be used or disclosed to our Business Associates in the performance of health care operations such as a medical chart transcription service, our accountant, Naturopathic licensing agencies, or qualified business management consultants. Our Business Associates are obligated by contract to protect health information they receive or generate about you.

Family Members or Other Persons Involved in Your Care: If you are not available or incapacitated, Dr. Curry will determine if whether, in her professional judgment, a disclosure to an individual identified by you (such as family, friends or representative) is in your best interest or for the payment of your care. Only protected health information that is directly relevant to their involvement in your care will be disclosed. You will be given an opportunity to object to these disclosures if you are available. If you object, these disclosures will not be made.

Other Contact Situations: Dr. Curry may use your information to call and remind you of an appointment or to tell you about/recommend health-related products or services or possible treatment options and their alternatives.

Special Situations:

Emergencies: Your protected health information may be used/disclosed in the case of a medical emergency.

Required By Law/ Law Enforcement: Your health information will be disclosed when required by federal, state or other applicable laws. Your protected information may be given at the request of a law enforcement official if you are, or are suspected to be, a victim of a crime and we are unable to obtain your authorization, to alert a law enforcement official of your death if we suspect your death may have resulted from criminal conduct, if your health information is evidence of criminal conduct that has occurred on our premises, in an emergency to report a crime, the location or victims of a crime and the identity of the person who committed the crime, or to prevent/lessen a serious imminent threat to the health or safety of a person or the public.

Public Health: Protected health information about you may be disclosed to public health officials in order to prevent or control disease, injury or disability, to report births or deaths, to report child or elderly abuse, neglect or domestic violence, to report reactions to medications or problems with FDA-regulated products, or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. Dr. Curry will only make this disclosure if you agree or when required or authorized by law. Your health information will also be disclosed when needed to prevent a threat to your health and safety or the health and safety of the public or another person. Also, we will disclose your health information to a public health authority for the purpose of preventing or controlling disease/injury or to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition if we are authorized by law to notify such a person. If the doctor believes you are the victim of abuse, neglect or domestic violence and you agree to the disclosure your information may be disclosed to an authorized governmental authority, including a social service or protective service.

Serious Threats: As permitted by applicable law and standards of ethical conduct, your information may be disclosed to prevent /lessen a serious and imminent threat to the health/safety of a person or the public.

Coroners, Medical Directors and Funeral Directors: A coroner or medical examiner may require protected health information in order to identify a deceased person or determine the cause of death. Information about patients may be released to funeral directors as necessary to provide services.

Organ and Tissue Donation: If you are an organ or tissue donor, your protected health information may be disclosed to organizations that engage in the procurement, banking or transportation of organs, eyes or tissues for transplantation or donation.

Health Oversight: Protected health information may be disclosed to health oversight agencies for the execution of audits, civil, criminal or administrative investigations, inspections, disciplinary actions and as necessary governmental monitoring of the health care system, government programs and compliance with civil rights laws.

Lawsuits or Disputes: In response to a subpoena, court or administrative order, your medical information may be disclosed.

Workers Compensation: Medical information about you may be disclosed to programs that provide benefits for work-related injuries or illness.

Military Activities, National Security and Intelligence Activities:

If you are a member of the armed forces, your health information may be disclosed as required by the military. The health information of foreign military personnel may be disclosed to their appropriate foreign military authority, or to determine compliance with civil rights laws. Your health information may be disclosed to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security actions or for the provision of protective services to the President, foreign heads of state and other authorized persons.

Judicial and Administrative Proceedings Your protected information may be disclosed in order to comply with a court or administrative order, a subpoena, a discovery request or other lawful process that is not accompanied by a court or administrative order if (i) we receive satisfactory assurances that reasonable efforts have been made to ensure that you have been given notice of the request; or (ii) we receive satisfactory evidence that reasonable efforts have been made to secure a qualified protective order.

Inmates: Your medical information may be released to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. This disclosure may be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

Information that is not personally identifiable: Your information may be used or disclosed in a way that does not personally identify you.

If available, you must be given the option to agree or object to Protected Health Information used and disclosed in the following ways:

If you are not available, Dr. Curry will determine whether a disclosure to an individual identified by you (such as family, friends or representative) is in your best interest or for the payment of your care. Only protected health information that is directly relevant to their involvement in your care will be disclosed. You will be given an opportunity to object to these disclosures if you are available; if you object these disclosures will not be made.

Your specific authorization is absolutely required for disclosure of the following Protected Health Information:

Other undisclosed uses and disclosures of your protected health information require your written authorization, unless otherwise permitted or required by law as described below. Authorization may be revoked at any time by notifying Dr. Curry in writing.

Your Rights as a Patient

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Certain documents pertaining to laboratory services are also exempt under federal law. You will be charged for the cost of copying, mailing or associated supplies. Under certain circumstances, for example if Dr. Curry concludes that access to your health information will endanger your life or physical safety, your request may be denied; however, you may appeal this decision. Your appeal will be reviewed by another licensed health care professional selected by us whose recommendation Dr. Curry will comply with. If you would like a copy of your health information, Requests to access your protected health information must be made in writing. Please tell Dr. Curry of your need.

You have the right to request a restriction of your protected health information. You have the right to restrict our use or disclosure of your health information for purposes of treatment, payment or health operations. For example, you may request that we not disclose your health information to a family member or a friend involved in your care who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request to restrict the use or disclosure of your health information should be in writing and must state: 1)What health information you do not want used or disclosed, 2) Whether you want to limit our use, 3)limit our disclosure, 4)or both and 5) The names of the persons or entities to whom disclosure should not be made. Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional. Dr. Curry may decide for similar reasons to terminate our agreement to restrict use or disclosure. Our termination will be effective only for your health information created or received after you are informed of this termination.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You may request that *Passion for Healing Naturopathic* communicate with you in a certain way or at a specific location. Dr. Curry will attempt to accommodate all reasonable requests made in writing. Your request must specify where or how the communication is to be directed. For example, you can request that we contact you only at your home by mail or by telephone.

You have the right to request that we correct or clarify your protected health information. You have the right to submit information that amends your health information. The information you submit will be retained with our record of your treatment. If a statement is made in your chart in response to your request, you will be provided a copy of the statement. The information you desire to submit must be in writing and should include the reasons why your health information should be corrected or clarified. Your request may be denied if the protected health information that is the subject of your request was not created by our organization, is not a part of your medical or billing records, is information that you are not permitted to inspect or copy or is already a complete and accurate record. If your request is denied you have the right to file a statement of disagreement. You will be sent any rebuttal of your rebuttal, if made.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. You have the right to request a written accounting of certain disclosures made of your health information. The accounting will include the date of each disclosure, name and, if known, the address of the person or entity receiving the disclosure, a brief description of your disclosed health information and brief statement of the purpose of the disclosure. Some disclosures are exempt including disclosures made/authorized by you, those used to carry out treatment, payment and health care operations as described above, to persons involved in your care or for other notification purposes as provided by law, for national security or intelligence purposes as provided by law, and those to correctional institutions or law enforcement officials as provided by law. Your request must be in writing. It should state the period for which you desire an accounting. The period cannot be longer than six years and cannot include any date prior to April 14, 2003. You are allowed one free disclosure per each twelve-month period. If you wish additional disclosures within that twelve-month period, you will be charged the cost of providing the disclosure list. Your request for a disclosure accounting must be made in writing.

You have the right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with Dr. Curry or with the Secretary of the Department of Health and Human Services. Your complaint should be in writing. We will not discriminate or take any retaliatory action against you by reason of your filing a complaint or exercising any of your privacy rights.

Other Authorized Uses and Disclosures: You may authorize us to use and disclose your health information in ways not described in this notice. Your authorization must be in writing and must comply with applicable law. You may revoke any authorization made by you. Once you revoke an authorization, your information will no longer used or disclosed for the purposes that you had previously authorized. Your revocation must be in writing and will be effective when received by Dr. Curry.

Your personal representative: If you are legally or otherwise incapable of exercising your privacy rights, or choose to designate someone to act on your behalf, that person authorized to act on behalf you is your “personal representative.” A personal representative may have broad authority to make health care decisions for an individual or authority may be limited to specific treatment or care. For example, a legal guardian may have broad authority while a person with an individual’s limited health care power of attorney may only have authority regarding a specific treatment. The personal representative for an Unemancipated Minor is a parent, guardian or other person authorized by State law to make health care decisions on behalf of the minor child. For an Adult or Emancipated Minor, the personal representative is usually a person with legal authority to make health care decisions on behalf of the individual such as a health care Power of Attorney, Court Appointed Guardian, or other person(s) authorized by State law. A person with legal authority to act on behalf of the decedent’s estate is the personal representative for a deceased individual.

Under certain circumstances regardless of whether a parent is the personal representative of a minor child, disclosure of a child’s health care information to the parent is prohibited. A minor child’s health information to a parent cannot be given under the following circumstances: When State or other law does not require the consent of a parent or other person before a minor can obtain a particular healthcare service, and the minor consents to the healthcare service; when a court determines, or other law authorizes, someone other than a parent to make treatment. Under certain circumstances, Dr. Curry may choose not to recognize a person as the personal representative of our patient. A personal representative may not be recognized if, for example, a minor child or incompetent adult has been, or may be subjected to, domestic violence, abuse or neglect by that personal representative. If treating a person as personal representative could likely endanger the minor child or incompetent adult, Dr. Curry may choose not to recognize that person’s authorization.

Revisions to Our Privacy Notice: We are required to abide by the terms of this Privacy Notice. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Privacy Notice. You may obtain this by calling *Passion for Healing Naturopathic* and requesting that a revised copy be sent to you in the mail, or by asking for one at the time of your next appointment.

You have the right to request and receive a paper copy of this notice from our office.

Questions / Contact: If you have questions about this document, or have questions about privacy or patient rights, please contact Dr. Mindy Curry. Phone Number: 503-995-8674.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. This notice becomes effective on January 1, 2010.

Your signature below is only an acknowledgment that you have received this Notice of our Privacy Practices:

Patient Name (Printed)

Signature

Date

Responsible Party (Printed)

Signature of Responsible Party

Date