

## HIPAA NOTICE OF PRIVACY PRACTICES

SLO Naturopathic & Acupuncture is required by law to provide you with this notice so that you will understand how we may use or share your information from your Designated Record Set/Protected Health Information. If you have any questions about this notice, please ask us.

This notice describes your privacy rights as they relate to information from your health records and explains the circumstances under which information from your health records may be shared with others. If you do not understand the information in this notice, please ask for further explanation.

### Uses of Protected Health Information

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the way we are permitted to use and disclose information will fall into one of the categories.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the 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 or your protected health information may be provided to a provider to whom you have been referred to ensure that the provider has the necessary information to diagnose or treat you.
- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
- **Health Care Operations:** We may use or disclose, as needed your protected health information to conduct business activities of running a medical practice. The activities include, but are not limited to signing in at the front desk of your facility to provide a house call. We may use your name when asked who we are visiting by front desk staff.

### Other allowable uses of your Protected Health Information:

- **Health Related Benefits and Reminders** – we may contact you to provide appointment reminders or information about treatment or other health-related benefits and services that may be of interest to you.
- **Individuals Involved in Your Care or Payment of Your Care** – unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for you care.
- **As Required by Law** – We will disclose health information about your when required to do so by federal, state, local law or military authorities.
- **To Avert a Serious Threat to Health or Safety** – we may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

### Uses of Protected Health Information

- SLO Naturopathic will not use or disclose your health information without your authorization except for the purposes described in this information sheet or in accordance with existing laws. You may authorize the use or disclosure of your health information for other purposes. If you choose to do so, you

may revoke the authorization at any time. You must submit your authorization in writing to the Clinic Manager.

#### Limiting Disclosure of Your Protected Health Information

- You have the right to limit the disclosure of your protected health information. You may also request that we limit the health information we disclose to someone who is involved in your care or the payment for your care.

#### Right to Inspect, Copy and/or to Amend

- With some exceptions you have the right to review and request a copy of your health information. If you feel that health information in your record is incorrect or incomplete you may ask to amend the information.

#### Right to Request Alternate Communications

- You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example you may ask that we only contact you via mail. The clinic has policies in place to safeguard and prevent the improper uses and disclosures of protected health information through various forms of communication.

#### Right to Request a Paper Copy of This Notice

- You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask for a copy of this notice at any time. You may also obtain a copy of this Notice at our website at [www.doctorellerie.com](http://www.doctorellerie.com)

#### Changes to this Notice

- We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the Notice on the website.

- I hereby acknowledge that have I received a copy of SLO Naturopathic's NOTICE OF PRIVACY PRACTICES.

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Client Signature

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Date