



PRIVACY POLICY USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

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THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) is any information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. PHI is individually identifiable and includes any demographic information collected from the individual. All of this information collected serves as a:

- Basis for planning your care and treatment;
- Means of communication among any health care professionals who contribute to your care;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Tool for educating health professionals;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This notice applies to all of the records of your care generated by your health care provider.

This notice will tell you about the ways we may use and disclose Protected Health Information about you. It also describes your rights and our obligations regarding the use and disclosure of Protected Health Information.

How is my protected health information used or disclosed?

Your Protected Health Information (PHI) will be used by *FULL CIRCLE NUTRITION* for Treatment, Payment, or Healthcare Operations (TPO). The examples provided serve only guidance and do not include every possible use or disclosure.

- Treatment - Your PHI may be shared with other health care professionals in order to provide, coordinate, or manage your health care and any related service. These health care professionals could include other clinicians within *FULL CIRCLE NUTRITION* and appropriate referrals to specialists germane to your treatment.

- Payment - Your PHI, such as diagnosis, laboratory fees, or your demographic information, may be shared with the *FULL CIRCLE NUTRITION* billing personnel in order to assure that you are properly charged for medical services provided to you. In addition, we will use and disclose PHI about you so that the treatment and services you receive may be billed and payment collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment or procedure you are going to receive in order to obtain prior approval or to determine whether your plan will cover the services.
- Health Care Operations - Your PHI may be shared with billing/appointment personnel members in order to schedule an appropriate amount of time for your medical visit (ex: Initial Assessment or Follow Up), for quality assurance or quality improvement efforts, or as is required by state or federal law (ex: subpoenas for records or reportable disease notification). These uses and disclosures are necessary to operate *FULL CIRCLE NUTRITION* in an efficient manner and ensure that all patients receive quality care.

HOW IS PROTECTED HEALTH INFORMATION RELEASED?

Except in the cases listed in the section below, *FULL CIRCLE NUTRITION* only releases Protected Health Information (PHI) when the patient has signed an Authorization for the Release of Medical Records. An authorization to RELEASE protected health information (medical records) may be revoked by the patient in writing, except to the extent that *FULL CIRCLE NUTRITION* has already taken action in reliance thereon.

Is Protected Health Information ever released without the patient's authorization?

Yes, PHI may be released, in accordance with federal and state laws, in certain instances.

- In order to contact the patient - Your PHI may be used in order to remind you of an appointment with a written reminder or a telephone reminder. It may also be used to provide the patient with information about suggested treatment choices.
- Emergency situations - If you are in a life or death situation or you are unconscious and not able to provide authorization.
- To carry out treatment, payment, or health care operations (as provided in the consent document).
- When required by state or federal law.

- When substantial communication barriers exist (between the patient and the medical provider) that prevent clear consent, yet, in the opinion of the medical provider, consent is inferred from the circumstances, PHI may be released to provide appropriate care.
- When the patient is a minor, the parent or legal guardian acts as the minor's personal representative and the parent or legal guardian is allowed access to the minor patient's PHI.
- Law enforcement - We may release PHI if we are asked to do so by a law enforcement official in response to a court order, a warrant, summons, subpoena, or similar legal process.
- Serious threats to health or safety - We may use and disclose PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- Health Oversight Activities - We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- Worker's Compensation - We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- Public Health Risks - We may disclose medical information about you for public health activities. These activities generally include the following:
 - » To prevent or control disease, injury, or disability;
 - » To report births and deaths;
 - » To report child abuse or neglect;
 - » To report reactions to medications or problems with products;
 - » To notify people of recalls of products they may be using;
 - » 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;
 - » To notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.

Other uses or disclosures of PHI may be made with the patient's written authorization to release. You may revoke an authorization at



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any time provided that it is in writing and we have not already relied on the authorization.

What are my rights with respect to Protected Health Information?

As described in state and federal legislation, patient rights with respect to PHI include:

- The right to request restrictions on the medical information *FULL CIRCLE NUTRITION* uses or discloses about you for treatment, payment, and health care operations. You also have the right to request a limit on the medical information *FULL CIRCLE NUTRITION* discloses about you to someone who is involved in your care or the payment of your care.
- *FULL CIRCLE NUTRITION* is not required to agree to your request.
- The right to receive confidential communications about medical matters in a certain manner or at a certain location.
- To request that *FULL CIRCLE NUTRITION* communicate in a certain manner, you must make your request in writing to the Medical Records Supervisor for initial approval with final approval from the Privacy Officer. You do not have to state a reason for your request. *FULL CIRCLE NUTRITION* will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- The right to inspect and copy PHI. Usually this includes medical and billing records, but does not include psychotherapy notes.
- To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Supervisor for initial approval with final approval from the Privacy Officer. If you request a copy of the information, *FULL CIRCLE NUTRITION* may charge a fee established by the Texas Board of Medical Examiners for the costs of copying, mailing, or summarizing your medical records.
- *FULL CIRCLE NUTRITION* may deny your request to copy and inspect in certain very limited circumstances. If you are denied access to medical information, including psychotherapy notes, you may request that the denial be reviewed. Another licensed professional chosen by *FULL CIRCLE NUTRITION* will review your request and denial. The person conducting the review will not be the person who denied your request. *FULL CIRCLE NUTRITION* will comply with the outcome of the review.
- The right to amend your medical information maintained if you feel that it is incorrect. You have the right to request an amendment for as long as the information is kept by *FULL CIRCLE NUTRITION*.

- To request an amendment, your request must be made in writing and submitted to the Medical Records Supervisor for initial approval with final approval from the Privacy Officer. In addition, you must provide a reason that supports your request. *FULL CIRCLE NUTRITION* may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In some cases, you may need to provide documentation that supports your request. In addition, *FULL CIRCLE NUTRITION* may deny your request if you ask us to amend information that:

1. Was not created by *FULL CIRCLE NUTRITION*, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by *FULL CIRCLE NUTRITION*;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

- The right to receive an accounting of disclosures of PHI: This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to the Medical Records Supervisor or designee for initial approval with final approval from the Privacy Officer. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. *FULL CIRCLE NUTRITION* will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

WHAT ARE MY MEDICAL CARE PROVIDER'S RESPONSIBILITIES?

As stipulated in state and federal regulations, with respect to PHI, *FULL CIRCLE NUTRITION* is required to:

- Provide a public notice that assures that the clinic is required by law to maintain the privacy of PHI.
- Provide patients with notice of the clinic's privacy practices with respect to PHI.
- State in the published Privacy Notice that the clinic is required to abide by the stipulations in the Privacy Notice that is currently in effect for the clinic.
- Notify patients that the clinic reserves the right to change privacy practices that apply to all PHI: however, any changes in privacy

practices must be described in an updated Privacy Notice before the changes are implemented. Any updated Privacy Notice will be available to patients upon request.

- Post the Notice of Privacy Policy on *FULL CIRCLE NUTRITION* web site: <http://www.fullcirclenutrition.com>

HOW DO I REPORT A COMPLAINT OR PROBLEM?

If you believe your privacy rights have been violated, you may report your concerns to the Privacy Officer:

Full Circle Nutrition
721 N. Locust Street
Denton, TX 76201

Or you may contact the Office for Civil Rights at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

The following criteria must be included in your correspondence:

- Any complaint must be in writing
- Any complaint must name the clinic or medical provider that is subject to the complaint
- Any complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission occurred
- The complainant will not be subject to any retaliation for filing the complaint

HOW CAN I OBTAIN ADDITIONAL INFORMATION OR CLARIFICATION OF THE PRIVACY NOTICE?

For further information on *FULL CIRCLE NUTRITION*'s policies regarding Protected Health Information, please contact the following individual:

Lora Williams, MS, RD, LD
Owner
721 N. Locust St.
Denton, TX 76201-2950

By signing below, I acknowledge that I have read and received a copy of this Notice of Privacy Practices

Signature _____

Print Name: _____ Date _____