

FEDERAL WAY NATUROPATHY

NOTICE OF PATIENT PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you get access to this information.
Please read carefully.

If you have any questions about this notice please contact:

Sandi Gendreau, Privacy Officer
Federal Way Naturopathy
900 South 336th Street
Federal Way, WA 98003
Phone: 253-942-3310
Fax: 253-237-0606

Who Does This Notice Apply To?

This notice has been published by Beth DiDomenico, ND. It applies to everyone who works for Beth DiDomenico, ND including employees, contractors and volunteers.

Why Do We Publish This Notice?

As medical professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information we gather and use about our patients, and provide them with notices of our legal duties and privacy practices with respect to their information.

While we are committed to the privacy of our patients' information in order to serve them we need to gather, keep and use records of this information. We sometimes also need to share information with other parties. This notice is intended to let you know how we use and disclose your information.

This notice is to also let you know about certain legal rights you have with respect to the information we hold about you. You have certain rights to review and copy our records of information about you. You may also request that we amend these records, and you may ask us to account for certain disclosures we have made about you.

When Is This Notice In Effect?

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice, and make the new terms effective for all information to which this Notice applies. This Notice will be in effect from July 18, 2002 until the date we publish an amended Notice. If we do publish an amended Notice, we will notify you by sending a copy to you at your last address shown in our records. We will also publish the amended notice in our office.

What Information Does This Notice Cover?

This Notice covers all information in our written or electronic records which concern you, your health care, and payment for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care or manage some of our administrative operations.

Why Do We Ask You To Sign A Consent Form?

We can only use or disclose information about you in very limited ways without your consent. However, we cannot provide treatment, and cannot conduct payment and certain necessary health care operations activities without using or in some cases disclosing your information. Since these are essential activities for us, we need to have your written consent for these purposes. Because this is such important information, if you refuse to consent we may not be able to provide you care.

When Can We Use or Disclose Information About You?

Except for certain disclosures for legal purposes described below, we can only use or disclose information about you with your written authorization or consent.

With your written consent, we can use or disclose our information for the following purposes:

Treatment: We may use or disclose information about you for treatment purposes to doctors, nurses, technicians, medical students or other individuals who work in our practice who are involved in providing you with health care. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, laboratories, social workers and so on.

For example, if we refer you to another physician or a hospital for specialty services, we will provide that physician or hospital with all clinical information which might be necessary or helpful for them to provide you with the right care. Or, if we need to send a sample of your blood to a laboratory for analysis, we will provide the laboratory with the information they need to process your blood correctly.

These are only examples, and we may use or disclose information about you to provide you with proper treatment in many other ways.

Payment: We may use or disclose information about you for payment purposes to our clerks and officers involved in billing and claims payment. We may also disclose such information to your health plan or other third party financially responsible for your care or to claims and billing services if necessary.

For example, if you are covered by a health plan we cannot get paid for the services we provide you unless we submit information in a claim. This might include detailed clinical information, depending on the kind of plan and claim. This is only an example, and there are many more ways in which we may use or disclose information about you in connection with payment for your care.

Health care operations: We may use or disclose information about you for operational activities in connection with our practice. These activities might include practice quality improvement, training of medical students, insurance underwriting, medical or legal review, and business planning or administration of our practice.

For example, we may wish to review the quality of care you receive, in order to help us deliver the best care we can. Or, we may audit our management practices so we can become more efficient. These are only examples, and we may use or disclose information about you for health care operations in many other ways.

Without your consent or authorization, we may disclose information about you only for the following purposes:

To a public health agency, for purposes such as controlling disease.

In case of suspected child abuse, to the appropriate governmental authority.

In other cases of suspected abuse, neglect, or domestic violence, to the appropriate governmental authority, which your agreement or if required by law, or if you are incapacitated or it appears necessary to prevent serious harm to you or others.

To health oversight authorities, for regulatory, licensing or other legal purposes.

In litigation, subject to certain requirements controlling the terms of disclosure.

To law enforcement agencies, subject to applicable legal requirements and limitations.

For medical research purposes, subject to your authorization or approval by an institutional review board.

If you are in the United States military, national security or intelligence, or foreign service, to you authorized federal officials.

We may not use or disclose information about you for any purpose without your written authorization, provided separately from your written consent.

What Legal Rights Do You Have in Connection with Your Information?

By law you are entitled to:

Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do we must make sure restrictions are implemented.

Receive confidential communications from us, at an alternative address you provide to us.

Review our records of your information.

Obtain a copy of all or any part of our records of your information. We may charge you a reasonable copy charge of \$23.00 plus \$1.04 per page for the first 30 pages the \$.79 per each additional page.

Ask us to amend your records, if you believe that they are incorrect or incomplete. We are not required to make such an amendment. If you request an amendment and we determine we will not make it, you are entitled to have a statement of your disagreement included in your records; we may include a statement of explanation or response in your record as well.

Obtain an accounting of all persons to whom we have disclosed information about you, for any purpose except your treatment, payment for your treatment or our health care operations.

If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our contact address above. Your revocation will be in effect as of the time we receive it, and will not apply to any uses of disclosure which occur before that time.

You may revoke your consent to uses and disclosures for treatment, payment and health care operations purposes at any time. You may revoke your consent by giving us written notice at our contact address given above. Your revocation will be in effect as of the time we receive it, and will not apply to any uses or disclosures which occur before that time. If you revoke your consent, we may elect to discontinue your health care treatment.

If you believe we have violated your privacy rights you may forward us a written complaint to our contact address given above. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint we are legally prohibited from retaliating against you.