



## Notice of Privacy Practices

This Notice of Privacy Practices describes how Nourished MedSpa and Wellness Center may use and disclose your protected health/personal information (PHI) to carry out treatment, payment or business operations (TPO) and for other purposes that are permitted or required by law. It also describes our rights to access and control your protected information. Protected health/personal information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### Uses and Disclosures of Protected Health/Personal Information

#### **Uses and Disclosures of Protected Health/Personal Information**

Your protected health/personal information may be used and disclosed by our medical director, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you to 1) coordinate medical care, 2) support the business operations of this office, 3) notify a finance company to pay for your care, and 4) any other use required by law. This includes updating, notifying and/or consulting your primary care physician (or other physician whom you have a patient-physician relationship with) on any treatments from any member of this Clinic which have been performed, planned or anticipated.

**Treatment:** We will use and disclose your protected health/personal 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/personal information, as necessary, if, as a result of our services, you require treatment by a physician. Your protected health/personal 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.

**Payment:** Your protected health/personal information will be used, if requested, to obtain payment for your services. For example, if you desire to finance the costs of your treatments, this may involve disclosing relevant protected private information in order to obtain approval.

**Healthcare Operations:** We may use or disclose, as needed, your protected health/personal information in order to support the business activities of this office. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when we are ready to see you. We may use or disclose your protected health/personal information, as necessary, to contact you to remind you of your appointment via electronic means.

We may use or disclose your protected health/personal information in the following situations without your authorization and without notifying you. These situations include: as required by law; public health issues as required by law, communicable diseases; health oversight; abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners, funeral directors and organ donation; research; criminal activity and national security; workers compensation; inmates; required uses and disclosures. Under the law, we must make disclosure to you and, when required by the Secretary of the Department of Health and Human Services, to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures:** The integrity of your protected health information is important to the Clinic. Any self-publication (including the posting, broadcast or transfer) of protected health information (or cause or encourage others to make any such statements), that reveal or otherwise contain or identify the Clinic and/or any of its agents, any information posted on a blog, internet website, or other printed/electronic form or forum, constitutes a waiver of any current or future protections afforded such protected health information under HIPAA, as well as any other applicable regulations, rules or laws. *I understand that any self-publication or disclosure of my protected health information to any entity, public or private, specifically and expressly authorizes the Clinic and/or its agents to respond to my disclosures to the extent necessary to defend, clarify, explain, refute, limit and/or challenge the factual assertions contained within such publications.* Any and all comments and publications made either under your real name or a moniker will be considered self-disclosed/waived protections of your protected health information to the extent such publication is made. By intentionally disclosing privileged or protected material, you waive any privacy privilege with respect to the subject-matter of the disclosed communication. By signing this release, you affirm that your protected health information may be revealed to the extent reasonably necessary to enforce a claim or establish a defense in a controversy between yourself and the Clinic and/or any of its representatives, to a criminal charge, civil claim, dispute, conduct or disciplinary complaint against the Clinic and/or any of its representatives.

**You have the right to inspect and copy your protected health/personal information.** Under federal law, however, you may not inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health/personal information that is subject to law that prohibits access to protected health/personal information.

**You have the right to require a restriction of your protected health/personal information.** This means you may ask us not to use or disclose any part of your protected health/personal information for the purposes of treatment or healthcare operations. You may also request that any part of your protected health/personal information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If our medical director believes it is in your best interest to permit use and disclosure of your protected health/personal information, your protected health/personal information will not be restricted. You then have the right to use another service provider.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice alternatively, i.e., electronically.

**You may have the right to amend your protected health/personal information.** If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to our statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health/personal information.**

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw your consent as provided in this notice.

### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **January 1, 2019.** 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/personal information. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at our Main Phone Number.

*I understand and expressly consent to the above outlined use of my Protected Health/Personal Information being transmitted to the medical director, office staff and others outside the office who are involved in my care and treatment, even if such information is transmitted via non-secure or unencrypted servers, computers, text, phone, fax, voicemail or email.*

---

**Patient Name (please print)**

**Patient Signature**

**Date**