

Naturally Well

Summary Notice of Privacy Rights and Confidentiality Procedures

As a patient of this practice, you have the right to privacy of your Personal Health Information, and to know that it will be properly and securely maintained by this practice, in accordance with our own policy and in compliance with the Health Information Accountability and Portability Act of 1996 (HIPAA). HIPAA was enacted to give you more control over your health information, to set boundaries on the use and release of health records, establish safeguards to protect the privacy of Personal Health Information, and to hold violators accountable, with appropriate penalties for violation of a patient's right to privacy.

AS A PATIENT OF THIS PRACTICE:

1. You are entitled to written notification of your Privacy Rights online. The document you are reading is this notice, providing a summary of our policy. A, 8 page detailed description of our policy is available upon request.
2. You are entitled to see your medical records.
3. You are entitled to receive a copy of your medical records. (Forms are available upon request.) As per allowance by HIPAA, there may be a charge for copying and mailing the records.
4. You are entitled to make an amendment to your patient health information within those records. While the doctor has a right to deny inclusion of amendments into a patient file, you have the right to disagree with the doctor's refusal of such inclusion of amendment to those records. If the doctor disagrees, he/she shall supply you with written notification of such disagreement and must allow you to submit a statement of disagreement for inclusion in the record.
5. You have the right to request restrictions on use of your Protected Health Information. The clinic is not required to comply, unless they have agreed to observe your requested restrictions.
6. You have the right to indicate the method and/or phone numbers and/or addresses to which telephone and written communications to you shall be forwarded.
7. No personal health information shall be given out to any entity not related to your treatment and the billing of medical services rendered, without your written authorization.
8. You are entitled to this practice's best efforts to maintain the security of Personal Health Information on your behalf within and outside this office.
9. This practice shall provide the minimum information necessary to other parties for the purposes of providing treatment, obtaining reimbursement, or administering services on your behalf.
10. If you have a complaint about how your Protected Health Information has been handled, you can submit the complaint to the office manager of your health care provider or to the Health and Human Services Office for Civil Rights (OCR). Information about filing complaints can be found at <http://www.hhs.gov/ocr/hipaa>, or by calling (866) 627-7748.