

The Natural Family Health Clinic, LLC

Notice of Privacy Practices

The purpose of this notice is to inform you of how The Natural Family Health Clinic, LLC uses and discloses your protected health information. Your protected health information is information that you have given to us regarding your health condition and treatment, our notes regarding your health condition and treatment and information that we have gathered from other sources regarding your health condition and treatment.

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

With respect to your protected health information, The Natural Family Health Clinic is required by law to 1) maintain your privacy and confidentiality, 2) provide you with explanation of privacy practices, 3) provide you with information about your rights and how to exercise those rights and 4) abide by the terms of this Notice.

STANDARD PRACTICE DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Please be aware that The Natural Family Health Clinic makes every effort possible to protect your privacy and the confidentiality of your protected health information. We may disclose your healthcare information for the following reasons:

- **Treatment:** We may disclose your protected health information to other healthcare professionals within the office for the purpose of treatment. For example, it may be necessary to seek consultation regarding your condition from other healthcare providers associated with The Natural Family Health Clinic.
- **Healthcare Operations:** We may review your protected health information in order to meet our goals as a healthcare provider:
 - In the event of illness or vacation, Dr. Keliheleua may have an authorized substitute physician covering his patients. It is not always possible to notify you of this.
 - We may use a limited amount of your protected health information for marketing purposes.
- **Payment:** We may disclose your protected health information to your insurance provider for the purpose of payment. Billing statements submitted to insurance providers contain medical information such as diagnosis and health care services received.

ADDITIONAL DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

We may use or disclose your protected health information, as required by law, in the following circumstances:

- **Public Health:** As required by law, we may disclose your protected health information to public health authorities for purposes related to: preventing or controlling disease, reporting births or deaths, infection exposure, reporting child abuse, neglect or domestic violence, audits by oversight agencies, and concerns regarding products or medical devices to the Food and Drug Administration.
- **Law Enforcement, Court and Administrative Agencies:** We may disclose your protected health information to listed agencies in order to comply with a subpoena, court order or search warrant or to protect the safety of the public.
- **Emergency Situations:** We may use or disclose your protected health information in order to provide treatment to you under emergency circumstances. Also, in an emergency, we may determine that it is in your best interest to disclose information to your family or friends. We will only disclose the protected health information that is directly relevant to that person's involvement in your healthcare.
- **Coroners and Medical Examiners:** We may disclose your protected health information to coroners or medical examiners, as necessary, in order to facilitate the duties of their jobs.
- **Worker's Compensation:** We may disclose your protected health information to your employer in order to comply with state worker's compensation program laws.
- **Specialized Government Functions:** We may disclose your health information for military, national security, and government benefits purposes, as required by these agencies.

AUTHORIZED DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Third party uses and disclosures other than for the above-referenced purposes will be made only with your written authorization. As provided by law, this authorization may be revoked at any time. Revocations will be honored as of our receipt date. Examples of such disclosures include the following:

- State disability claims.
- Research – must be approved by an Institutional Review Board.
- Release of medical records to yourself or healthcare providers other than The Natural Family Health Clinic.

Please be aware that once your protected health information has been disclosed due to your written permission, it may no longer be protected under these privacy laws.

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It is The Natural Family Health Clinic's policy to have staff call your home on the day prior to your scheduled appointment to remind you of your appointment time. We may leave a reminder message on your answering machine or with a person answering the phone – no personal health information will be disclosed. You may request an alternative method of communication from our office at any time.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

The Natural Family Health Clinic reserves the right to amend this Notice of Privacy Practices at any time in the future. These changes may be required by federal or state law. New provisions will be effective for all information that we maintain. In the event of amendments, we will make a revised Notice of Privacy Practices available to you.

YOUR PROTECTED HEALTH INFORMATION RIGHTS

By law, you have the following rights with respect to your protected health information:

- The right to request restrictions on certain uses and disclosures of your health information. We may honor this request, however; The Natural Family Health Clinic is not required to agree to the restriction that you requested.
- The right to receive confidential communications of your protected health information.
- The right to inspect and copy your health information.
- The right to request that The Natural Family Health Clinic amend your protected health information. Please know, however, that we are not required to agree to this request.
- The right to receive a summary or accounting of The Natural Family Health Clinic's disclosures of your protected health information.
- The right to a printed copy of this Notice.

EXERCISING YOUR PROTECTED HEALTH INFORMATION RIGHTS

Comments, concerns, or complaints regarding your privacy rights or The Natural Family Health Clinic's privacy practices may be submitted to The Natural Family Health Clinic at (503) 246-2995. Our commitment to you and the quality of your healthcare will not be altered should you choose to exercise these rights.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

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

Effective date of this notice: November 10, 2008.

By signing below you signify that you have read and understood the above Notice of Privacy Policy and agree with its contents.

Print Name: _____

Signature: _____ Date: _____