

Nutrition Housecalls *Notice of Privacy Practices*

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At Nutrition Housecalls, we always keep your health information secure and confidential. A law requires us to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment (for example, a review of your file by a doctor whom we may involve in your care).

- We may use or disclose your health information for payment of your services.
- We may use or disclose your health information for our normal healthcare operations, such as entering your information into our computer.
- We may use your information to contact you. For example, we may send newsletters or other information.
- We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone. In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release some or all of your health information when required by law.
- You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address, telephone number or email address you prefer.
- You have the right to transfer copies of your health information to another Nutritionist/Dietitian. We will mail your files for you.
- You have the right to see and receive a copy of your health information. Give us a written request regarding the information you want to see.
- You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment, we will not remove nor alter earlier documents, but will add new information.
- You have a right to receive a copy of this notice.

If we change any of the details of this notice in a way that may significantly affect you, we will notify you of the changes in writing. You may file a complaint with the Department of Health & Human Services, 200 Independence Avenue SW, Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please call our office at (206) 604-5239. This notice goes into effect as of June 1, 2005.

Acknowledgement

I have received a copy of the Nutrition Housecalls *Notice of Privacy Practices*.

Print Name: _____

Date: _____

Signed: _____

If signing as a parent or guardian, please note the name of the patient: _____