

BAY AREA NUTRITION, LLC
NOTICE OF PRIVACY PRACTICES

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Effective date: May 15, 2003

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.

OUR LEGAL DUTY AND COMMITMENT TO PRIVACY

We are committed to maintaining the privacy of your protected health information (PHI). We are required by law to maintain the privacy of your PHI, provide you with this Notice of Privacy Practices and notice of our legal duties regarding your PHI. We are also required to follow the practices described in our Notice of Privacy Practices currently in effect.

If you have any questions or complaints, please contact:

Stephanie Brooks, MS, RD (408) 370-7731
621 E. Campbell Ave, #6-B Campbell, Ca 95008

USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS (“TPO”)

We may use or disclose PHI about you for our TPO, including for example:

- For treatment purposes (such as sharing information about your care with members of our staff to assist you in your treatment or care, with a physician, therapist, or hospital that referred you to us, as part of efforts to coordinate your follow-up care)
- For payment purposes (such as providing information needed for payment collections, verifying your insurance coverage, or providing information needed for your health insurance plan to cover and pay for the claim for services that we provide to you.
- For health care operations (such as our administrative activities, activities to enhance the care that we provide to our patients and their satisfactions with our services, and activities to help make sure that we comply with applicable law.)

We may also disclose your PHI for treatment activities of other health care providers, for payment activities of other health care providers, payers or health care clearinghouses, or for health care operations of one of those entities if we and that entity each have (or had) a relationship with you and the PHI relates to that relationship.

OTHER USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

We may use or disclose PHI about you without your authorization for several other purposes required or permitted by law. Subject to certain requirements, we may use or disclose your PHI without your authorization as follows:

- to you upon request or as required by law;

- when required by the Secretary of the Department of Health and Human Services;
- for public health activities (such as reporting information to agencies authorized by law to collect information for the purposes of preventing or controlling diseases, injuries or disabilities; preparing reports to the FDA; maintaining vital health records such as for births and deaths, etc.);
- to our business associates;
- to your personal representatives;
- for certain incidental uses or disclosures;
- for face to face communications we make with you regarding products or services;
- to provide gifts of nominal value to you or your family;
- to correctional institutions if you are an inmate;
- to help prevent or control communicable diseases;
- to your employer in limited circumstances, typically related to work place injuries or medical surveillance;
- for reporting abuse, neglect, or domestic violence;
- for health oversight activities authorized by law (such as civil or criminal investigations, audits, licensure and disciplinary proceedings, etc.);
- for judicial and administrative proceedings (such as in response to court orders or discovery requests);
- for law enforcement;
- to funeral directors, coroners, and medical examiners;
- for the purposes of organ, eye, or tissue donation;
- to avoid a serious threat of harm to health and safety;
- for specialized governmental functions (e.g., military operations; national security);
- for auditing purposes;
- for payment collection purposes;
- for certain research studies;
- for workers' compensation purposes;
- for emergencies or disaster relief;
- to persons involved in your care or payment related to your care;
- for notification purposes with respect to your care, condition, location, or death.

We may also contact your about appointment reminders and treatment alternatives.

We cannot guarantee the privacy of email communications. Therefore, we will not be able to communicate via email without your written permission.

In any other situation, we will ask for your written authorization before using or disclosing any of your PHI. If you sign an authorization to use or disclose information, you can later revoke that authorization to stop further uses and disclosures.

INDIVIDUAL RIGHTS

In most cases, you have the right to look at or obtain a copy of PHI that we maintain about you. We may charge a fee for costs related to your request. We may, under certain circumstances, deny your request but if we do, you can obtain a review of that denial by another licensed health care professional that we designate.

You also have the right to receive an "accounting," which lists certain instances when we have disclosed PHI about you for reasons other than treatment, payment, or health care operations. The request can cover a time period no longer than six years from the date of disclosure. Your first request in a 12-month period is free. After that, we may charge for costs related to additional requests.

If you believe that information in your record is incorrect, or if important information is missing, you also have the right to request that we correct the existing information or add the missing information. We have the right to deny such a request under certain circumstances.

You have the right to request that your health information be communicated to you in a confidential manner such as asking that we contact you at work rather than home.

You may request that we restrict how we use or disclose information about you for treatment, payment, or health care operations or to persons involved in your care (except when specifically authorized by you, when required by law, or in emergency circumstances). We will consider your request for such restrictions, but are only bound by them if we agree to them.

To exercise any of the rights describes above, please make that request in writing yo our Privacy Official/ Contact Person listed on page one of this Notice.

CHANGES IN OUR NOTICE OF PRIVACY PRACTICES

We may change our privacy practices at any time and the new terms shall apply to all PHI about you that we have at the time of the change and to all PHI about you that we maintain in the future. If we make any material changes, we will change our Notice of Privacy Practices and post it in the waiting area of our office. The changes will not take effect until they are reflected in a revised Notice of Privacy Practices. You can request a copy of our Notice of Privacy Practices at any time. For more information about our privacy practices, contact our Privacy Official/Contact person listed or the first page of this Notice.

COMPLAINTS

If you are concerned that we have violated your privacy rights, you may contact the Privacy Official/ Contact Person listed on the first page of this Notice. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be retaliated against for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES OF BAY AREA
NUTRITION, LLC

I acknowledge receiving a copy of Notice of Privacy Practices or Bay Area Nutrition, LLC on
_____ (insert date).

Printed name of client

Printed name of authorized representative (if applicable)

Signature or initials of patient or authorized representative

Comments of Bay Area Nutrition regarding why written acknowledgement was not obtained:
