

NOTICE OF PRIVACY ACT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE ISSUED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT VERY CAREFULLY.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

TREATMENT:

We may use medical information about you to provide you with medical treatment or services. Information about you may be given to doctors, nurses, technicians, medical students or other people who are taking care of you.

PAYMENT:

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. Information may also be disclosed to an outside collection agency, if payment is not made or arranged. That agency may review your file containing protected health care information.

WORKERS COMPENSATION:

If Applicable, we may disclose your health information as necessary to comply with state Worker's Compensation Laws.

EMERGENCIES

We may disclose your health information to notify or assist in notifying a family member, or other person responsible for your care, about your medical condition or in the event of an emergency or of your death.

PUBLIC HEALTH

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

LAW ENFORCEMENTS:

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes. Also, we may disclose your health information to any administrative or judicial proceeding. Information may be disclosed to military or government agencies.

DECEASED PERSONS:

We may disclose your health information to coroners or medical examiners to help them carry out their duties.

ORGAN DONATION & RESEARCH:

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, or to researchers conducting research that has been approved.

PUBLIC SAFETY

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

YOUR HEALTH INFORMATION RIGHTS:

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however the Port Orchard Natural Medicine is not required to agree to the restriction that you requested
- You have the right to look at or get copies of certain parts of your medical information
- You have the right to request that we communicate with you about your medical information by different means or different locations. This must be in writing
- You have the right to receive an accounting of disclosure of your protected health information made by Port Orchard Natural Medicine.
- You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

Port Orchard Natural Medicine reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that is maintained. Until such amendment is made, we are required by law to comply with this Notice.

COMPLAINTS

Complaints about your privacy rights, or about Port Orchard Natural Medicine has handled your health information should be directed to Dr. Rachel Robertson by calling this office at (360) 876-5000. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, OFFICE OF CIVIL RIGHTS
200 INDEPENDENCE AVE, S.W
ROOM 509F HHH BUILDING
WASHINGTON, DC 20201

For additional information about your privacy, please visit: www.hcfa.gov/medical/hipaa