

HIPAA Privacy Practices Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain privacy rights concerning your health care information. Under this law your health care provider generally cannot give your information to your employer, use or share your information for marketing or advertising purposes, or share private notes about your mental health counseling sessions without your written consent. As one of your health care providers it is our responsibility to keep your information safe and secure. We also need to make sure that your information is protected in a way that does not interfere with your health care.

It is important that you understand that your information can be used and shared in the following ways:

- For your treatment (i.e. to contact you or to manage your care) and care coordination (multiple health care providers may be involved in your treatment directly and indirectly).
- To assist law enforcement officials in response to criminal activities and to avert a threat to an individual or to public health safety (as in outbreaks of communicable disease).
- In response to a court or administrative order.
- For research.
- To bill you or to obtain payment from third party payers.
- We may share your health information with a person(s) that you have named to be involved with your healthcare.
- It is important to understand that if you authorize us to share your health information with a third party, that third party may not be bound by HIPAA.

Special instances:

- In order to release any PHI potentially related to reproductive health care, a special signed attestation will be required attesting that the use or disclosure is not for a prohibited purpose. This attestation requirement applies when the request is for PHI for any of the following: health oversight activities, judicial and administrative proceedings, law enforcement purposes, disclosures to coroners and medical examiners.
- To the extent that we have any information in your records related to substance use disorder, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

You have the following rights relating to your protected health information:

- To inspect your health record and receive a copy of your health record upon request.
- To request limits on the use or disclosure of your protected health information.
- To ask us not to share information with your health insurer regarding a service or health care item for which you have paid out-of-pocket in full.
- To choose someone to exercise your rights and make choices about your health information if you have

named that person your medical power of attorney or if that person is your legal guardian.

- To request that your physician amend information in your health record you believe is inaccurate or incomplete.
- To receive an accounting of certain disclosures we have made, if any, of your protected health information.
- To receive a copy of this notice upon request.

You have the right to receive confidential communications from us by alternative means or at an alternative location if you choose. If you'd like us to communicate with you by another means than your personal phone/voicemail, please specify:

You can OPTIONALLY name a person to release your medical information to upon request: I give permission for Vital Source Natural Medicine to share my personal health information with the following person upon their request (please specify below):

Name:

Date of Birth:

Relationship:

You can complain if you feel we have violated your rights by contacting us or you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Patient Name: *

Patient (or parent/guardian)

Signature: *

Date: *