

***FEEL GREAT / LOOK GREAT***  
***NUTRITION SERVICES***

**NOTICE OF PRIVACY PRACTICES**

EFFECTIVE DATE: April 14, 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.**

**PATIENT PRIVACY**

My office considers your privacy a priority. I am required by law to follow strict federal and state guidelines to maintain the confidentiality of your medical (protected health) information, provide you with this Notice of Privacy Practices, and abide by the terms of this notice currently in effect.

**PROTECTED HEALTH INFORMATION (PHI)**

Protected Health Information (PHI) is any information about your past, present, or future healthcare or payment for that care that could be used to identify you.

**Only the minimum amount of Protected Health Information needed to complete an assigned task is accessed by the office and business associates.**

**USES AND DISCLOSURES OF HEALTH INFORMATION**

- **For treatment purposes:** sharing information about your treatment or care with your primary care physician and other medical providers to coordinate the best care to meet your needs.
- **For payment purposes:** providing information to your insurance company and other third party payors for payment of services rendered.
- **For healthcare operations:** information is used to improve the services provided to patients, business management, business associates, performance, to help make sure that compliance with the law is met.

I may also disclose your PHI for treatment activities of other healthcare providers, for payment activities of other health care providers, payers or health care clearinghouses, or for the health care operations of one of those entities if I 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**

There may be limited times when we are required or permitted by law to disclose medical information without your signed authorization. Subject to certain requirements, the list is as follows:

- to you upon request or as required by law;
- to our business associates/office manager;
- to your personal representatives;
- to your employer in limited circumstances;
- for reporting abuse, neglect or domestic violence;
- for health oversight activities authorized by law;
- for law enforcement;
- to avoid serious threat of harm to health and safety;
- for specialized governmental functions (e.g., military operations, national security);
- for auditing purposes;
- for certain research studies
- for worker's compensation purposes; and
- 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 you about appointment reminders and treatment alternatives.

Other uses and disclosures not previously described may only be done with your signed authorization.

**You may revoke your authorization in writing at any time**

## **INDIVIDUAL RIGHTS**

You have the right to:

- Request that I restrict how I use or disclose your medical information (abiding to your request is not required).
- receive an "accounting," of how your medical information was disclosed (excludes disclosures of treatment, payment, or healthcare operations; fees may apply)
- request an amendment to your PHI, if you believe that information in your record is incorrect, or if important information is missing. I have the right to deny a request under certain circumstances.
- request that your health information be communicated to you in a confidential manner.
- request restrictions on 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 described above, please make a request in writing to our

Privacy Official/Contact Person: Lisa Casale  
586 Water St.  
Framingham, MA 01701

## **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.