



## Notice of Privacy Practices

This document describes how medical information about you may be used and disclosed, and how you can get access to this information. *Please review it carefully.*

At Natural Health Solutions of Virginia we take your privacy seriously and are committed to keeping your medical information personal. We create a record of the care and services you receive at our office to provide you with the highest quality care, ease of ongoing visits, means of communication among your other health care providers and to comply with legal requirements. This notice will explain the ways we may use and disclose your medical information, your rights, and our responsibilities regarding this information.

### **You Have Certain Rights**

You have the right to:

- **Get a copy of your paper or electronic medical record**
  - You can ask to see or receive a copy, whether electronic or paper, of your medical record and other health information we have about you.
  - We will provide a copy or summary of your health information, within 45 days of your request. A fee of \$50/hr will be accrued for any requests requiring over 1 hour to complete.
- **Ask us to correct your paper or electronic medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete.
  - We reserve the right to say “no” to your request, but will tell you why in writing within 45 days.
- **Request confidential communication**
  - You can ask us to contact you in a specific way (such as home or office phone) or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
- **Ask us to limit the information we share**
  - You can ask us **not** to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless law requires us to share that information.
- **Get a list of those with whom we’ve shared your information**
  - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable fee if you ask for another within 12 months.



- **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you believe your privacy rights have been violated**
  - You can file a complaint if you feel we have violated your rights by contacting us at 804-486-0801 or 2200 Pump Road, Suite 220, Richmond, VA 23233.
  - 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 1-777-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

- **In the following cases you have both the right and choice to tell us to:**
  - Share information with your family, close friends or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
    - At Natural Health Solutions of Virginia, we do not create or manage a hospital directory.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- **In the following cases we *never* share you information unless you give us written permission:**
  - Marketing purposes
  - Sale of your information
    - At Natural Health Solutions of Virginia, we never market or sell any of your personal medical information.



- **In the case of funding:**
  - o We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

We typically use or share your health information in the following ways:

- **To treat you**
  - o We can use your health information and share it with other professionals who are treating you.
    - Example: a doctor treating you for an injury asks another doctor about your overall health condition.
- **To run our organization**
  - o We can use and share you health information to run our practice, improve your care, and contact you when necessary
    - Example: we use health information about you to manage your treatment and services.
- **To bill for your services**
  - o We can use and share your health information to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **To help with public health and safety issues**
  - o We can share health information about you for a certain situation such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect or domestic violence
    - Preventing or reducing a serious threat to anyone’s health or safety
- **To do research**
  - o We can use or share your information for health research.
- **To comply with the law**
  - o We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if they want to see that we’re complying with federal privacy law.
- **To respond to organ and tissue donation requests**
  - o We can share health information about you with organ procurement organizations.
- **To work with a medical examiner or funeral director**
  - o We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



- **To address workers' compensation, law enforcement, and other government requests**
  - o We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services.
- **To respond to lawsuits and legal actions**
  - o We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We must not use or share your information other than described here, unless you tell us we can in writing. If you tell us we can share your information, you may change your mind at any time by. You must inform in writing if you change your mind.
  - o For more information, see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Term of this Notice**

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.
- Much of the information in this notice came directly from the U.S. Department of Health & Human Services and you may visit [www.hhs.gov/ocr/privacy/hipaa/modelnotices.html](http://www.hhs.gov/ocr/privacy/hipaa/modelnotices.html) for more information.
- **This notice is effective November 1, 2015.**

If you have any questions about the content in this notice, please contact Courtney Paré, ND with Natural Health Solutions of Virginia at 804-486-0801, or 2200 Pump Road, Suite 220, Richmond, VA 23233.