

NOTICE OF PRIVACY PRACTICES METABOLIC NUTRITION PROGRAM

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 PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

OUR LEGAL DUTY

Law requires us to:

1. Keep your medical information private
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information
3. Follow the terms of the notice that is now in effect.

We have the right to

1. Change our privacy practices and terms of our notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before for the changes.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all the different ways we are permitted to use and disclose medical information. We will not use or disclose medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide maybe be revoked at any time by writing to us.

1. For treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to other health care providers to assist them in treating you.
2. For payment: We may use and disclosure medical information for payment purposes.
3. For healthcare operations: We may use and disclosure medical information for our healthcare operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
4. Victims of abuse, neglect, or domestic violence: We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being

part of a crime or has escaped from legal custody. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

5. Workers compensation: We may disclose health information when authorized and necessary to comply with laws relating to worker's compensation or other similar programs.
6. Health oversight activities: We may disclose medical information to an agency providing health oversight or oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.
7. Law enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain law, pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of the law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

YOUR INDIVIDUAL RIGHTS

You have a right to:

1. Look at or get copies of your medical information. You must make a request in writing. You may also request access by sending a letter us. If you request copies, we will charge you 1 dollar per page, and postage if you want the copies mailed to you.
2. Receive a list of all the times we or our business associates share your medical information for purposes other than treatment, payment, and healthcare operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to use additional restrictions, but if we do, we will abide by our agreement, except in the case of emergency.
4. Request that we communicate with you about your medical information by different means or at different locations. Your requests that we communicate your medical information to you by different means or different locations must be made in writing to the contact person listed at the end of this notice.
5. Requests that we change your medical information. We may deny a request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you want to have changed. If we accept your request to change the information, we will make recent efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the US Department of Health and Human Services. We will not retaliate in any way if you should choose to file a complaint.

ADDITIONAL USES AND DISCLOSURES

In addition to using and disclosing any medical information for treatment, payment, and healthcare operations, we may use and disclose medical information for the following purposes:

1. Notification: Medical information to notify or help notify a family member, your personal representative or another personable responsible for your care. We will share information

about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your healthcare, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

2. Research in limited circumstances: Medical information for research purposes in limited circumstances, where the research will insure the privacy of medical information.
3. Funeral director, coroner, medical examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.
4. Court orders and judicial of administrative proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful purposes, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.
5. Public health activities: As required by law, we may disclosure medical information to public health authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with chronic defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify persons who may have been exposed to communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

ACKNOWLEDGEMENT FORM

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name _____ Birthdate _____

Signature _____

Date _____