



HIPAA Notice of Privacy Practices.

This notice describes how medical information about you may be used and disclosed and how you can get information. Please read this notice carefully.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment, and healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. Protected Health Information or PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services.

Uses and Disclosures of Protected Health Information

Your Protected Health Information may be used and disclosed by your physician, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operations of the physician's practice, and any other use required by law.

Treatment

We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your Protected Health Information, as necessary, to a home health agency that provides care to you, or provides it to a physician whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment

Your Protected Health Information will be used as needed to obtain payment for your health care services.

Health Care Operations

We may use or disclose, as needed, your Protected Health Information in order to support the business activities of your physician's practice. These activities include but are not limited to quality assessment, employee review, training of medical students, and licensing. For example, we may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointments.

We may use or disclose your Protected Health Information in the following situations without your authorization: as required by law, public health issues, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security. Under the law, we must also make disclosures to you, and when required by the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures

Disclosures will be made only with your authorization or opportunity to object unless required by law. You may revoke this authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.



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Your Individual Rights:

1. **You have the right to inspect and receive a copy of your Protected Health Information.**

Our practice will accept such requests in writing. Under federal law, however, you may not inspect or receive a copy of the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and Protected Health Information that is subject to law that prohibits access to Protected Health Information.

2. **You have the right to request a restriction on the disclosure of your Protected Health Information.** This means you may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends whom may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to

apply. Your physician is not required to agree to a restriction that you may request. If a physician believes it is in your best interest to permit use and disclosure of your Protected Health Information, your health information will not be restricted. You then have the right to use another healthcare professional.

3. **You have the right to request to receive confidential communications from us by an alternative means or at an alternative location.**
4. **You have the right to obtain a paper copy of this notice from us.**
5. **You have the right to receive an account of certain disclosure we have made, if any, of your Protected Health Information.** We reserve the right to change the terms of this notice and will post any changes in our waiting areas. You then have the right to object as provided in this notice.

Complaints

You may file any complaints with our Business Operations Manager, Michael Kort, at any time (503)362-6334, or with the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you for filing a complaint.

Renew Weight Loss Receipt of Notice of Privacy Practices

Renew Weight Loss reserves the right to modify the privacy practice outline in this notice.

By signing below, I am indicating that I have received a copy of the Notice of Privacy Practices for Renew Weight Loss.

Printed Name

Patient Signature

Date