



Notice of Privacy Practices

Effective January 2019

Our mission is to inspire a healthy relationship with food, to promote sustainable culinary and agricultural practices and to provide medical nutrition therapy.

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.

If you have any questions about this notice, please contact our Privacy Contact, Jennifer Butler, by phone, (413) 429-8110, or email, clinical@tnc413.org.

OUR PLEDGE REGARDING PHI

We at The Nutrition Center understand that protected health information (PHI) about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all records of your care generated by The Nutrition Center, whether made by our personnel or your personal doctor.

This Notice will tell you about the ways in which we may use or disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI. Federal law requires us to:

- Make sure PHI that identifies you is kept private;
- Notify you about how we protect PHI about you;
- Explain how, when, and why we use and disclose PHI; and
- Follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain by:

- Making copies of the revised Notice available upon request; and
- Posting the revised Notice on our Web site.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed by your clinician, our office staff and others outside of our office that are involved in your care and treatment for providing health care services to you. Your PHI may also be used and disclosed to pay your health care bill and to support the operation of the clinician's practice.

The following categories describe different ways that we may use and disclose PHI without your written authorization.

Treatment: We may use PHI about you to provide you with, coordinate, or manage your medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other personnel at The Nutrition Center, including persons outside of our office who are involved in your medical care.

The Nutrition Center may also share PHI about you to coordinate your care for such reasons as prescriptions or lab work.

We may use and disclose PHI to contact you as a reminder that you have an appointment with The Nutrition Center. We may use and disclose PHI to tell you about or recommend possible treatment options, treatment alternatives, or health-related benefits or services that may be of interest to you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as: determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about nutrition services you received at The Nutrition Center, so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Healthcare Operations: We may use or disclose, as-needed, your PHI to support the business activities of your clinician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We may also call you by name in the waiting room when your clinician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We will share your PHI with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment, case management, area coordination, or recommendation of treatment alternatives. We may also use your name and address to send you announcements or newsletters about our practice and the services we offer. You may contact our Privacy Contact, Jennifer Butler, to request that these materials be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your clinician, as necessary, to contact you for fundraising for our office. If you do not want to receive these materials, please contact our Privacy Contact, Jennifer Butler, and request that these fundraising materials not be sent to you.

We may use or disclose, as needed, your PHI for treatment, payment and health care operations purpose of another covered entity such as another provider, health plan or claim clearinghouse if they have a relationship with you.

USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except to the extent that your clinician or the clinician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use and disclose your PHI in the following instances. You may agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your clinician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your clinician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your clinician or another clinician in the practice is required by law to

treat you and the clinician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

Communication Barriers: We may use and disclose your PHI if your clinician or another clinician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the clinician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your PHI in the following situations without your authorization. These situations include:

Required by Law: We will disclose PHI about you when required to do so by federal, state, or local law.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

We may also disclose PHI about you to a government authority if we reasonably believe that you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, and we will only disclose it if (a) you agree to the disclosure, or (b) the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Food and Drug Administration (FDA): We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Judicial and Administrative Proceedings: We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates: We may disclose information to business associates who perform services on our behalf (such as billing companies). However, we require that these associates appropriately safeguard your information. Our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the practice; and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Inmates: We may disclose your PHI if you are an inmate of a correctional facility and your clinician created or received your PHI in the course of providing care to you.

Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner. This release may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors, consistent with applicable laws, to enable them to carry out their duties.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose PHI about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you PHI that is directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition, or death.
- We may share PHI with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary under emergency circumstances.

If you would like to object to use and disclosure of PHI in these circumstances, please call or write to the contact person listed on page 1 of this Notice.

YOUR RIGHTS REGARDING PHI ABOUT YOU

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI: You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. If we maintain your PHI electronically, you can request that we provide access in an electronic form and format that is readily producible, or in a form and format agreed to by us.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Jennifer Butler. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We will respond to your request no later than 30 days after we receive it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

You have the right to request a restriction of your PHI: This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your clinician is not required to agree to a restriction that you may request. If the clinician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your clinician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you may wish to request with your clinician. You may request a restriction by contacting our Privacy Contact and requesting a form for Restrictions to Uses or Disclosures.

You have the right to request confidential communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Jennifer Butler. We will accommodate all reasonable requests.

You may have the right to amend your PHI: To request an amendment, your request must be made in writing and submitted to Jennifer Butler. In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after we receive it. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In these circumstances, we will provide a written denial stating why we will not grant your request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by The Nutrition Center
- Is not part of the information that you would be permitted to inspect and copy; or
- We believe is accurate and complete.

You have the right to an accounting of disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of PHI about you. To request this list of disclosures, you must submit your request in writing to Jennifer Butler. You may ask for disclosures made within the six years before your request. The first list you request within a 12-month period will be free. For additional lists in that 12-month period, we may charge you for the costs of providing the list. We are required to provide a list of all disclosures except the following:

- Disclosures made for your treatment;
- Those used for billing and collection of payment for your treatment;
- Those related to health care operations;
- Those made to you or requested by you, or those that you authorized;

- Those that occurred as a byproduct of permitted use and disclosures;
- Those used for national security or intelligence purposes, or provided to correctional institutions or law enforcement regarding inmates;
- Those that were a part of a limited data set of information that does not contain information identifying you.

You have the right to obtain a paper copy of this notice: You have the right to a paper copy of this Notice at any time. To receive a paper copy, contact Jennifer Butler.

Right to Receive Notice of Breach: You have a right to be notified upon a breach of any of your unsecured PHI.

Rights for Out-of-Pocket Payments: If you paid out of pocket in full for a specific item or service, you have a right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. We are required to agree to your request unless the disclosure is otherwise required by law.

TYPES OF USES AND DISCLOSURES REQUIRING AN AUTHORIZATION

Most uses and disclosures of psychotherapy notes require us to obtain an authorization from you. In addition, in most instances, we cannot use or disclose your PHI for marketing purposes or sell your PHI without your written authorization. Finally, any other use or disclosure not described in this Notice will be made only with your authorization. Any time you provide us with a written authorization, you may revoke it any time in writing, to the extent that we have not already taken action in reliance on your previous authorization.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and make the new Notice apply to health information we already have, as well as any information we receive in the future. We will post a copy of our current Notice in our office. The notice will have the effective date clearly marked at the top of the first page.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Jennifer Butler or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

This notice was published and becomes effective January 2019.

How to contact us:

The Nutrition Center
Attention Privacy Control Officer
PO Box 1082
Great Barrington, MA 01230

Phone: (413) 429-8110

Fax: (413) 429-8111

clinical@tnc413.org