

## NOTICE OF PATIENTS' PRIVACY RIGHTS

The notice of privacy practices is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you or your legal dependent (as a patient of this practice) may be used and disclosed, and how you can access to your individually identifiable health information.

### **Please Review This Notice Carefully**

Nurture Health is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Patient's Privacy Rights ("Notice") that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights in your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location and on our website. You may request a copy at any time.

If you have questions about this notice, please contact our clinic manager at 402-999-4900, who will provide the name and contact information for Nurture Health Chief Compliance Officer or you may contact them directly at 402-999-4900 extension 104 at any time.

### **Nurture Health Clinic may use and disclose your PHI under the following circumstances:**

**Treatment.** Our practice uses your PHI to treat you. Laboratory tests (such as blood or urine tests) and radiology examinations are used to reach a diagnosis. We use PHI to write or send a prescription to a pharmacy for you. Nurture Health providers and staff may use or disclose your PHI in order to treat you or to assist others in your treatment. We may also disclose your PHI to other healthcare providers for to assist in your treatment.

Finally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Nurture Health obtains written consent to share your information

with members of your family.

**Healthcare Operations and Performance Improvement** Nurture Health may use your PHI to evaluate the quality of care, conduct cost-management or business planning activities.

**Appointment Reminders.** Nurture Health may use and disclose PHI to contact you for an appointment reminder.

**Treatment Options.** Nurture Health may use and disclose PHI to inform you of potential treatment options or alternatives.

**Health-Related Benefits and Services.** Nurture Health may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**Release of Information to Family/Friends.** Nurture Health may disclose or release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. Written or verbal consent (while in the clinic) from you allows sharing PHI with others.

**Disclosures Required by Law.** Nurture Health discloses PHI when required by federal, state, or local laws.

**Public Health or Agency Officials:** Nurture Health is required by law to report to public health officials, agencies or organizations for the purpose of investigating public health events or risks:

- i. Reporting vital records, such as births and deaths;
- ii. Investigating potential exposure to a communicable disease;
- iii. Reporting reactions to drugs or problems with products or devices;
- iv. Notifying individuals if a product or device they may be using has been recalled

#### **Law Enforcement**

Nurture Health is required by law to report activities to law enforcement agencies for the purpose-of investigating criminal activity:

- Suspected abuse or neglect of a vulnerable adult or child
- Injury or death suspected to be caused criminal conduct
- Deaths

**Health Oversight Activities.** Nurture Health may disclose your PHI to a health oversight agency for activities authorized by law such as investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.

**Lawsuits and Similar Proceedings.** Nurture Health may disclose your PHI in response to a court or legal order. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in a legal process.

**Deceased Patients.** Nurture Health may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may

release information in order for funeral directors to perform their duties.

**Research.** Nurture Health may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your PHI for research purposes except when an **Internal Review Board or Privacy Board** has determined that the waiver of your authorization satisfies the following:

- An adequate plan to protect the identifiers from improper use and disclosure;
- An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and
- Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.

**Serious Threats to Health or Safety.** Nurture Health may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military.** Nurture Health may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National Security.** Nurture Health may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

**Inmates.** Nurture Health may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide healthcare services to you; (2) for the safety and security of the institution; and/or (3) to protect your health and safety or the health and safety of other individuals.

**Workplace Injury, Illness or Medical Surveillance.** Nurture Health may share PHI during investigations related to workplace injury, illness or medical surveillance.

### **Patient Rights Regarding PHI**

You have the following rights regarding PHI that Nurture Health maintains:

**Confidential Communication.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. To request a type of confidential communication, you must make a written request to the **Chief Compliance Officer at 402-999-4900** specifying the requested method of contact and/or the location where

you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

**Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must make your request in writing to [info@nurturehealthclinic.com](mailto:info@nurturehealthclinic.com). Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure, or both; and
- To whom you want the limits to apply.

**Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to:

[info@nurturehealthclinic.com](mailto:info@nurturehealthclinic.com) in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

**Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to: [info@nurturehealthclinic.com](mailto:info@nurturehealthclinic.com). You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (1) accurate and correct; (2) not part of the PHI kept by or for Nurture Health; (3) not part of the PHI that you would be permitted to inspect and copy; or (4) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

**Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI. To obtain an accounting of disclosures, you must submit your request in writing to: [info@nurturehealthclinic.com](mailto:info@nurturehealthclinic.com). All requests for an "accounting of disclosures" must state a time, which may not be longer than six years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within

the same 12-month period. Our practice will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact: 402-999-4900 or [info@nurturehealthclinic.com](mailto:info@nurturehealthclinic.com).

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact: Nebraska Department of Health & Human Services

P.O. Box 95026, Lincoln, Nebraska 68509-5026. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care. If you have any questions regarding this notice or our health information privacy policies, please contact our Chief Compliance Officer at: 402-999-4900 or [info@nurturehealthclinic.com](mailto:info@nurturehealthclinic.com).