



**NOTICE OF PRIVACY PRACTICES**  
Effective January 1, 2015

**Your Information. Your Rights. Our Responsibilities.**

This notice describes how your protected health information (PHI) may be used and disclosed by Nutritional Weight & Wellness. Additionally, this notice provides information on your right to accessing your PHI. *Please review it carefully.*

**Your Rights**

<b>“Your Rights”</b>	The intent of this section is to inform you of your right to your health information. This section explains the rights that you have and some of our responsibilities to help you.
<b>Copy of Medical Record</b>	<p><b>Receive an electronic or paper copy of your medical record</b></p> <ul style="list-style-type: none"> <li>You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you.</li> <li>We will provide a copy or a summary of your health information within a reasonable time.</li> <li>If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we will not charge you a fee.</li> <li>If you request copies of your patient records of past medical care, or for certain appeals, we may charge you a fee.</li> </ul>
<b>Request to Amend the Medical Record</b>	<p><b>Ask us to amend your medical record</b></p> <ul style="list-style-type: none"> <li>You can ask us to correct health information you think is incorrect or incomplete.</li> <li>Your request must be in writing and specific to what is incorrect.</li> <li>We may deny your request, but we will inform you in writing within 60 days, as well as provide information on how to appeal the decision.</li> </ul>
<b>Request Confidential Communications</b>	<p><b>Request confidential communications</b></p> <ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address to ensure confidentiality.</li> <li>We will accommodate all reasonable requests.</li> <li>If the request is denied, you will be informed in writing.</li> </ul>
<b>Request to Limit Use/ Sharing of Treatment, Payment or Our Operations (TPO)</b>	<p><b>Ask to limit what we use or share</b></p> <ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations (TPO).</li> <li>We are not required to agree to your request, and we may deny it if it affects your care.</li> <li>If you pay for a service or health care item out-of-pocket in full, you can request that information not be shared with others. We will comply unless a law requires us to share that information.</li> <li>Minnesota law requires consent for disclosure of treatment, payment, or operations information.</li> </ul>

<b>List of Those with Whom We have Shared Information (Accounting of Disclosures)</b>	<p><b>Ask to limit what we use or share</b></p> <ul style="list-style-type: none"> <li>You can ask for an accounting of the times we have shared your health information for six years prior to the request date. This includes with whom it was shared and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (refer to “Request to Limit Use/Sharing of Treatment, Payment or Our Operations (TPO)” section of this Notice of Privacy Practice document).</li> <li>We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for a second accounting within 12 months.</li> </ul>
<b>Get a Copy of this Privacy Notice</b>	<p><b>Receive a copy of the Notice of Privacy Practice document</b></p> <ul style="list-style-type: none"> <li>You have a right to request a paper copy of this Notice of Privacy Practice at any time, even if you have agreed to receive the notice electronically.</li> <li>We will provide you a paper copy of the Notice of Privacy Practices promptly.</li> </ul>
<b>Choose Someone to Act for You</b>	<p><b>Choose someone to act for you</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the designated representative has this authority and can act on your behalf before action is taken.</li> </ul>
<b>File a Complaint</b>	<p><b>File a complaint</b></p> <ul style="list-style-type: none"> <li>You can complain if you feel your rights have been violated.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services in three different ways: <ol style="list-style-type: none"> <li>Send a letter addressed to the Office for Civil Rights: 200 Independence Avenue, S.W. Washington, D.C., 20201</li> <li>Call 1-877-696-6775</li> <li>Visit <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">http://www.hhs.gov/ocr/privacy/hipaa/complaints/</a></li> </ol> </li> <li>We will not retaliate against you for filing a complaint.</li> </ul>
<b>Your Choices</b>	
<b>Request Us Not to Share</b>	<p><b>For specific health information, you have the right to tell us your choices on what we share</b></p> <ul style="list-style-type: none"> <li>If you have a clear preference for how we share your information in the situations described below, talk to us. We will follow your instructions.</li> <li>In these cases, you have both the right and choice to tell us to: <ul style="list-style-type: none"> <li>Share information with your family, close friends, or others involved in your care.</li> <li>Share information in a disaster relief situation.</li> <li>Include your information in a hospital directory.</li> </ul> </li> <li>If you are not able to tell us your preference, for example if you are unconscious, we may 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.</li> </ul>
<b>We Will Not Share Without Permission</b>	<p><b>In the following cases we will not share your information unless you give us written permission:</b></p> <ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> </ul> <p>Minnesota law requires consent for most other sharing purposes.</p>

<b>Fundraising</b>	<p><b>Our fundraising practices</b></p> <ul style="list-style-type: none"> <li>• It is not the practice of Nutritional Weight and Wellness to contact you for any fundraising efforts.</li> </ul>
<b>Our Uses and Disclosures</b>	
<b>Uses and Disclosures of PHI for Treatment, Payment, or Health care Operations</b>	<p><b>How we typically use or share your health information</b> Your consent is required before disclosing protected health information (PHI) for treatment, payment, and operations purposes. We typically use or share your health information in the following ways.</p> <ul style="list-style-type: none"> <li>• <b>To treat you (Treatment)</b> <ul style="list-style-type: none"> <li>○ We can use your health information and share it with other professionals who are treating you only if we have your consent.</li> <li>○ We are only able to release your health care records to other facilities and health care providers without your consent if it is an emergency and you are unable to provide consent.</li> <li>○ We may also share your health information with providers within our network.</li> <li>○ <i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i></li> </ul> </li> <li>• <b>To bill insurance for your services (Payment)</b> <ul style="list-style-type: none"> <li>○ We can use and share health information to bill and get payment from health plans or other entities only if we obtain your consent.</li> <li>○ <i>Example: We give information about you to your health insurance plan so it will pay for your services.</i></li> </ul> </li> <li>• <b>To run our organization (Health care Operations)</b> <ul style="list-style-type: none"> <li>○ We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> <li>○ We are required to obtain your consent before we release your health records to other providers for their health care operations.</li> <li>○ <i>Example: We use health information about you to manage your treatment and services.</i></li> </ul> </li> </ul>
<b>Other Uses and Disclosures</b>	<p><b>Other uses and disclosures of your health information</b></p> <ul style="list-style-type: none"> <li>• We are allowed or required to share information in other ways, usually in ways that contribute to the public good, such as public health and research. Many conditions in the law must be met prior to sharing information for these purposes. For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>.</li> </ul>
<b>Public Health and Safety</b>	<p><b>Public health and safety issues</b> We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<b>Research</b>	<p><b>Conduct research</b></p> <ul style="list-style-type: none"> <li>• It is not in our current practice to conduct research. However, your information can be shared for health research if you do not object.</li> </ul>

<b>Comply with the Law</b>	<p><b>Comply with the law</b></p> <ul style="list-style-type: none"> <li>We will share information about you if state or federal laws require it, including the Department of Health and Human Services, to ensure we are complying with federal privacy law.</li> </ul>
<b>Other Releases</b>	<p><b>Respond to organ and tissue donation requests</b></p> <ul style="list-style-type: none"> <li>We can share health information about you with organ procurement organizations, if applicable.</li> </ul> <p><b>Work with a medical examiner or funeral director</b></p> <ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies, if applicable.</li> </ul> <p><b>Address workers' compensation, law enforcement, and other government requests</b></p> <ul style="list-style-type: none"> <li>We can use or share health information about you: <ul style="list-style-type: none"> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul> <p><b>Respond to lawsuits and legal actions</b></p> <ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<b>Our Responsibilities</b>	
<b>Maintain Privacy and Security of Protected Health Information (PHI)</b>	<ul style="list-style-type: none"> <li>We are required by law to maintain the privacy and security of your protected health information (PHI).</li> <li>We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.</li> <li>We must follow the duties and privacy practices described in this notice and give you a copy of it if requested.</li> <li>We will not use or share your information other than as described in this Notice of Privacy Practices document unless you request we share it in writing. We must be notified in writing if you change your mind.</li> <li>For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html</a></li> </ul>
<b>Administrative Information about this Notice</b>	
<b>Changes to the Terms of This Notice</b>	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 web site.
<b>Name and Contact of Privacy Official</b>	<b>Privacy Officer:</b> Kory Kvist <b>Phone Number:</b> 651-699-3438
<b>Entities Covered by this Notice</b>	This covers all locations of Nutritional Weight and Wellness. Locations: St. Paul, Wayzata, North Oaks, Lakeville, Maple Grove, and Mendota Heights