



A Naturopathic Medical Practice

**Dr. Karen Tyson/Passiflora Holistic Health
Notice of Privacy Policies in Compliance With HIPPA**

**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.**

We at the Dr. Karen Tyson/Passiflora Holistic Health understand that your medical/health information is personal and private. To provide you with quality care and to ensure compliance with certain legal requirements, we create a record of the care and services you receive at our office. We respect the privacy and confidentiality of medical/health information about you and that can be identified with you. This is called “protected health information.” Your protected health information is contained in the medical and billing records maintained at our practice in secure charting software. It includes information that relates to your past, present or future physical and mental health and related health care services.

This Notice of Privacy Practices (“Notice”) describes the ways in which we may use and disclose your protected health information. It also describes your rights and our legal obligations with respect to your protected health information.

This Notice applies to uses and disclosures we make of all your protected health information, whether created by us in our practice or received by us from other health care professionals.

We may use and disclose your health information for treatment, payment and health care operations.

For treatment. We will use your health information to provide, coordinate or manage your health care and any related services. We may disclose your health information to our staff other health care professionals involved in your health care either in our practice or outside of our practice (with your consent).

For payment. Your health information may be used to bill and obtain payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to your representative, an insurance company or another third-party payor. We may also provide protected health information to collection departments, consumer reporting agencies or any other health care provider who requests information necessary for them to collect payment. For example, insurance companies may require that copies of your applicable medical records accompany any requests for payment of services already provided to you. This bullet point is not currently applicable to the practice, but may be in the future.

Dr. Karen Tyson, ND

A Naturopathic Medical Practice

Health care operations. Your health information may be used as necessary to support the operation of Dr. Karen Tyson's practice/Passiflora Holistic Health and to monitor our quality of care. We may use your protected health information for internal purposes such as general administrative activities, to evaluate our employees, and for education and training purposes. For example, we may call you by name in the waiting room when ready to see you, and we may use your health information to contact you and remind you of your upcoming appointment.

We may also use and disclose health information about you for specific purposes without your written authorization.

The following are various ways in which we may use or disclose your health information:

As required by law. We may disclose your protected health information when required to do so by federal, state or local law or other judicial or administrative proceedings.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Emergency. We may use or disclose your protected health information in the case of an emergency treatment situation. If your physician or another physician in the practice must treat you and the physician has attempted to obtain your consent but failed, he or she may still use or disclose your health information to treat you.

Individuals involved in your care or payment of your care. Unless you object, we may disclose your protected health information to a family member, relative, close friend or any other person you identify who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in the payment for your care.

Treatment alternatives. We may use or disclose your health information to inform you about treatment alternatives and other health-related benefits and services that may be of interest to you. This may include treatments, services, products, other health care professionals, special programs, and/or nutritional services.

Dr. Karen Tyson, ND



A Naturopathic Medical Practice

Appointment reminders. We may use or disclose your protected health information to remind you about appointments you have scheduled at our office. We may notify you of these appointments using the contact information you have provided for us to mail or call with the reminder.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization.

Except in those circumstances listed above, we will use and disclose your protected health information only with your written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Your Individual Rights

You have certain rights under the federal privacy standards regarding your health information. These include:

Right to request restrictions. You have the right to request restrictions on the use and disclosure of your protected health information. We are not required to agree to your requested restriction, but if we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment and in certain other instances.

Right of access to personal health information. You have the right to inspect and obtain a copy of your medical and billing records. In most cases, we may charge a reasonable fee for our costs in copying and mailing your requested information, per the amount allowed by state statutes.

Maintaining an up-to-date file of all your medical records enables you to be an active participant in your medical care.

Right to request amendment. You have the right to request that we amend medical, or billing records or other protected health information maintained by us, for as long as the information is kept by us. Your request must be made in writing and must state the reason for the requested amendment. We have the right to deny your request for amendment if the information is deemed accurate and complete, as determined by the practice.

Right to an accounting of disclosures. You have the right to request an “accounting” of certain disclosures of your health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. You must submit your request in writing, stating a time period that is within six years from the date of your request. An accounting will include, if requested: the disclosure date, the name of the person or entity that received the information and address, if known, a brief description of the information disclosed.

Right to paper copy of this Notice. You have the right to obtain a paper copy of this Notice at any time. You may request a copy of this Notice by contacting our office in writing or by phone. In addition, you may receive a copy of this Notice at our website.

Right to request confidential communications. You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain

Dr. Karen Tyson, ND



A Naturopathic Medical Practice

location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

Special rules regarding disclosure of mental health conditions, substance abuse, sexually transmitted diseases and HIV/AIDS. For uses and disclosures concerning health information relating to care for mental health conditions, substance abuse, sexually transmitted diseases or HIV/AIDS, special restrictions may apply. For example, we generally do not disclose specially protected information in response to subpoena, warrant or other legal process unless 1) you sign a written authorization or 2) a court orders the disclosure and mandates the necessary safeguards to protect the information after it is released.

Complaints. If you believe that your privacy rights have been violated, you may file a complaint in writing with Dr. Karen Tyson or by contacting the Secretary of Health and Human Services of the State of CT. We will take no punitive action against you for filing a complaint.

Changes to this Notice. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures of health information, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised Notice provisions effective for all health information already received and maintained by Passiflora Holistic Health LLC. We will post any revisions in our office and on our website.

I have read the above policy.

Signature (patient or legal guardian of patients under 18 years old):

Date: _____

Dr. Karen Tyson, ND