

CALEY NUTRITION
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HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2008

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.

OUR LEGAL DUTY AND COMMITMENT TO PRIVACY

Linda Caley/Caley Nutrition is committed to maintaining the privacy of your Protected Health Information (PHI). Because of the Health Care Information Portability and Accountability Act (HIPAA), I am required by law to provide you with this Notice of Privacy Practices and of my legal duties regarding your PHI. This Notice will outline ways in which I may use and disclose PHI about you. It also describes your rights under HIPAA).

HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

Caley Nutrition provides each patient (and patient's parent, if patient under 18 years of age) with an authorization form to allow us to provide PHI to your other health professionals and your insurance company when it is necessary to coordinate your treatment, to obtain payment on your behalf or on behalf of one of your other health care providers, or for health care operations (the administration of this practice and our patient services).

We are also required or permitted to provide your PHI without additional authorization in the following situations:

- **To you or your personal representatives** upon request
- **Public Health Activities;** when required by the Secretary of the Department of Health and Human Services.
- To our **business associates**
- For certain **incidental uses or disclosures**
- **Face-to-face communications** that we make with you regarding products or services
- To provide **gifts of nominal value** to you or your family
- To **correctional institutions** if you are an inmate
- To help **prevent or control communicable diseases**
- To **your employer in limited circumstances**, typically related to workplace injuries or medical surveillance
- For **reporting abuse, neglect or domestic violence**
- **Health oversight activities authorized by law;** such as civil or criminal investigations, audits, licensure and disciplinary proceedings, etc.
- **Judicial and administrative proceedings** such as, in response to court orders or discovery requests.
- **Law enforcement;** to funeral directors, coroners, medical examiners.
- For purposes of **organ eye or tissue donation**
- To avoid a serious **threat of harm to health and safety**
- For specialized **governmental functions** (e.g., military operations, national security)
- For **auditing purposes**

- For certain **research studies**
- For **worker's compensation** purposes
- **Emergencies or disaster relief**
- To **persons involved in your care or payment** related to your care
- For **notification purposes** with respect to your care, condition, location or death

We may also contact you about appointment reminders, treatment alternatives or with educational information regarding your health condition. In any other situation, we will ask for your written authorization before using or disclosing any of your PHI. If you sign an authorization to use or disclose information, you can later revoke that authorization to stop further uses and disclosures.

INDIVIDUAL RIGHTS

In most cases, you have the right to look at or obtain a copy of PHI that we maintain about you. We may charge a fee for costs related to your request. We may, under certain circumstances, deny your request but if we do, you can obtain a review of that denial by another licensed health care professional that we designate.

You also have the right to receive an "accounting", which lists certain instances when we have disclosed PHI about you for reasons other than treatment, payment or healthcare operations. The request can cover a time period no longer than six years from the date of disclosure. Your first request in a 12-month period is free. After that, we may charge for costs related to additional requests. If you believe that information in your record is incorrect, or if important information is missing, you also have the right to request that we correct the existing information, or add the missing information. We have the right to deny such a request under certain circumstances.

You have the right to request your health information be communicated to you in a confidential manner, such as asking that we contact you at work rather than home. You may request that we restrict how we use or disclose information about you for treatment, payment or healthcare operations, or to persons involved in your care (except when specifically authorized by you, when required by law, or in emergency circumstances). We will consider your request for such restrictions, but are only bound by them if we agree to them. To exercise any of the rights described above, please make a request in writing to Linda Caley at the address above.

COMPLAINTS

If you are concerned that we have violated your privacy rights, you may contact Linda Caley. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be retaliated against or filing a complaint.

ELECTRONIC COMMUNICATION

Although there are safeguards in place to protect communication in the form of email and text messaging, please be aware that protection of communication by e-mail and text messaging is *not guaranteed*. In other words, it cannot be guaranteed that the information transmitted through these methods will remain protected/confidential should you choose to communicate with Caley Nutrition in these ways.

CHANGES IN OUR NOTICE OF PRIVACY PRACTICES

We may change our privacy practices at any time and the new terms shall apply to all PHI about you that we have at the time of the change and to all PHI about you that we maintain in the future. If we make any material changes, we will change our Notice of Privacy Practices and post it in our office. You may request a copy of our Notices of Privacy Practice at any time.

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**ACKNOWLEDGEMENT OF RECEIPT OF
CALEY NUTRITION
NOTICE OF PRIVACY PRACTICES (HIPPA)**

Please sign and return this page. You may keep the Notice of privacy practices for your records.

Patient Name _____ Date of Birth _____

Parent/Guardian (if client is under 18) _____

I acknowledge receiving a copy of Caley Nutrition's Notice of Privacy Practices on

Date _____

Patient Signature (Parent/Guardian if client is under 18)

For Caley Nutrition use only

If written acknowledgment was not obtained, please explain:

