

# HIPAA Notice of Privacy of Practice

Effective Date: \_\_\_\_\_

This Notice describes the ways your protected health information may be used or disclosed. It also describes your rights, and the obligations of *Better Gut Better Health, LLC* to protect your health information. This Notice applies to all of your records of care generated by *Better Gut Better Health*. If you have any questions about this notice, please contact Maria Larkin, M.ED, RDN, LD at *Better Gut Better Health, LLC*.

## **Health Information Pledge:**

At *Better Gut Better Health, LLC* we understand that information about you and your health is personal and we are committed to protecting your health information.

As required by law *Better Gut Better Health, LLC* will:

- Make sure that protected health information that identifies you is kept private.
- Explain how private health information is protected.
- Describe when, why and how your protected health information is used and disclosed.

*Better Gut Better Health, LLC* is also required to follow the procedures in this Notice but reserves the right to change the terms and make new Notice provisions without the explicit notification of current or past clients. The most recent Notice, effective for all protected health information, is found in-office, upon request, and online at [www.bettergutbetterhealth.com](http://www.bettergutbetterhealth.com)

## HOW YOUR PROTECTED HEALTH INFORMATION MAY BE DISCLOSED

The following categories describe different ways that *Better Gut Better Health, LLC* may use and disclose protected health information without your written authorization.

**Treatment** - *Better Gut Better Health, LLC* may use protected health information about you to provide and/or manage your medical treatment or services. *Better Gut Better Health, LLC* may disclose protected health information about you to your physician, therapist, or other health care provider to coordinate your care with these practitioners. *Better Gut Better Health, LLC* may disclose necessary protected health information about you to medical care providing staff members and other outside personnel who may be involved in your medical care. *Better Gut Better Health, LLC* may also use and disclose protected health information to contact you as a reminder of your nutrition counseling appointment, to recommend treatment options, and for other health-related benefits or services that may be of interest to you.

**Payment for Services** - *Better Gut Better Health, LLC* may use and disclose your protected health information to collect payment from you, an insurance company or a third party. *Better Gut Better Health, LLC* may also use your protected health information to confirm your insurance covers nutrition counseling services.

**Health Care Operations** - *Better Gut Better Health, LLC* may use and disclose your protected health information for its healthcare operations, including quality assessment, case management, coordination of care, business planning, customer services and other activities. *Better Gut Better Health, LLC* will remove immediately identifying information, which will be determined by Maria Larkin of *Better Gut Better Health, LLC*, when used for the above purposes.

**State law** - In limited situations state and/or federal law requires the disclosure of your health information for purposes beyond treatment, payment, and operations.

- **As Required By Law** - *Better Gut Better Health, LLC* will disclose your protected health information when required to do so by federal, state or local law.
- **Research** - *Better Gut Better Health, LLC* may disclose your protected health information to researchers approved by an institutional review or privacy board that has established protocols to ensure the privacy of your information.
- **Health Risks** - *Better Gut Better Health, LLC* may disclose your protected health information to the proper government authorities if there is reasonable belief, as determined by Maria Larkin of *Better Gut Better Health, LLC*, that you are a victim of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** - If you are involved in a lawsuit or dispute, *Better Gut Better Health, LLC* may disclose your information in response to a court or administrative, a subpoena, discovery request, or other lawful process. *Better Gut Better Health, LLC* will only disclose your information after efforts have been made, by *Better Gut Better Health, LLC* or the requesting party, to inform you of the request for your information.
- **Business Associates** - *Better Gut Better Health, LLC* may disclose your protected health information to business associates who perform services on its behalf (e.g.

billing companies). However, *Better Gut Better Health, LLC* requires all business associates to appropriately safeguard your information.

- **Public Health** - As required by law, *Better Gut Better Health, LLC* may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **To Avert a Serious Threat to Health or Safety** - *Better Gut Better Health, LLC* may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Health Oversight Activities** - *Better Gut Better Health, LLC* may disclose protected health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Law Enforcement** - *Better Gut Better Health, LLC* may disclose protected health information as required by law, or in response to a court order or warrant, a subpoena, or an administrative request. *Better Gut Better Health, LLC* may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.
- **Organ and Tissue Donation** - If you are an organ donor, *Better Gut Better Health, LLC* may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Special Government Functions** - If you are a member of the armed forces, *Better Gut Better Health, LLC* may release protected health information about you if it relates to military and veteran activities. *Better Gut Better Health, LLC* may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.
- **Coroners, Medical Examiners, and Funeral Directors** - *Better Gut Better Health, LLC* may release protected health information to a coroner or medical examiner. *Better Gut Better Health, LLC* may also disclose protected health information to funeral directors consistent with applicable law.
- **Correctional Institutions and Other Law Enforcement Custodial Situations** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, *Better Gut Better Health, LLC* may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.
- **Worker's Compensation** - *Better Gut Better Health, LLC* may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Food and Drug Administration** - *Better Gut Better Health, LLC* may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information.

- **Right to Inspect and Copy** - You have the right to inspect and copy the protected health information that may be used to make decisions about your care. To inspect and/or copy protected health information, you must submit a written request to *Better Gut Better Health, LLC*. A fee for the costs of copying, mailing and/or other supplies may be associated with your request and billed to your account. *Better Gut Better Health, LLC* will respond to your request no later than 30 days after receiving it. In certain situations, *Better Gut Better Health, LLC* may not be required to comply with your request. In these circumstances, *Better Gut Better Health, LLC* will respond in writing explaining why your request cannot be granted.
- **Right to Amend** - If you feel your protected health information is inaccurate or incomplete, please request that *Better Gut Better Health, LLC* amend or supplement the information. A written request to amend or fix your protected health information must be submitted in writing to *Better Gut Better Health, LLC*. *Better Gut Better Health, LLC* will act on your request within 60 days of receiving the written request. *Better Gut Better Health, LLC* may deny your request for an amendment if it is not in writing or does not include a reason to support the request. A written denial will be provided to you. In addition, *Better Gut Better Health, LLC* may deny your request if asked to amend information that:
  - Was not created by *Better Gut Better Health, LLC*, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the protected health information kept by *Better Gut Better Health, LLC*.
  - Is not part of the information which you would be permitted to inspect and copy.
  - *Better Gut Better Health, LLC* believes to be accurate and complete, as determined by Maria Larkin of *Better Gut Better Health, LLC*.
- **Right to an Accounting of Disclosures** - You have the right to request an accounting of disclosures, i.e., a list of the disclosures of your protected health information made by *Better Gut Better Health, LLC*. To request an accounting of disclosures, a written request must be submitted. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). A fee for the costs of acquiring, copying, mailing and/or other supplies may be associated with your request for an accounting disclosure and billed to your account. *Better Gut Better Health, LLC* is not required to provide a listing for the following disclosures:
  - For your treatment
  - For billing and collection of payment for your treatment
  - For healthcare operations
  - Made to or requested by you, or that you authorized
  - Occurring as a byproduct of permitted use and disclosures
  - For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates.
  - As part of a limited data set that does not contain information identifying you.
- **Right to Request Restrictions** - You have the right to request a restriction or

limitation on your protected health information disclosed for treatment, payment, healthcare operations or to persons involved in your care. However, *Better Gut Better Health, LLC* is not required to agree to your request. Your request cannot prevent the disclosures described on pages 2-3 under the subheading “How your protected health information may be disclosed”. To request restrictions, a written request must be submitted to *Better Gut Better Health, LLC*.

- **Right to Request Confidential Communications** - You have the right to request that *Better Gut Better Health, LLC* communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must submit a written request to *Better Gut Better Health, LLC*. All reasonable requests, as determined by Maria Larkin of *Better Gut Better Health, LLC*, will be accommodated.
- **Right to a Paper Copy of This Notice** - You have the right to a paper copy of this Notice at any time. For a written notice please contact Maria Larkin of *Better Gut Better Health, LLC* (contact information is on the last page of this Notice).

### **OTHER USES AND DISCLOSURES**

**Revoking your Authorization** - *Better Gut Better Health, LLC* will obtain your written authorization before using or disclosing your protected health information for purposes other than those described above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, *Better Gut Better Health, LLC* will stop using or disclosing your information. Disclosures made prior to the revocation cannot be rescinded.

**Complaints** - If you believe your privacy rights have been violated, please file a formal complaint with *Better Gut Better Health, LLC*. A written complaint can also be submitted to 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.

### **OBJECTING TO CERTAIN USES AND DISCLOSURES**

Unless you object, or request that only a limited amount or type of information be shared, *Better Gut Better Health, LLC* may use or disclose protected health information about you in the following circumstances:

- *Better Gut Better Health, LLC* may share, with person/s identified by you, your protected health information relevant, as determined by Maria Larkin of *Better Gut Better Health, LLC*, to that person’s involvement in your care. *Better Gut Better Health, LLC* may also share information to notify these individuals of your location, general condition or death.
- *Better Gut Better Health, LLC* may share information with a public or private agency for disaster relief purposes. Even if you object, *Better Gut Better Health, LLC* may be required to share this information under emergency circumstances.

If you would like to object to either of the two use and disclosures events describe immediately above please write so in the comment section below.

# Patient Acknowledgement: Confirmation of receipt of Privacy Notice from *Better Gut Better Health, LLC*

I acknowledge that I have received and reviewed the Privacy Notice for *Better Gut Better Health, LLC*.

**Printed Name of Client:** \_\_\_\_\_

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if client is <18 yrs. old)

**Comments and Concerns:**

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Better Gut Better Health, LLC

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