



**Whole-istic Living, LLC**  
**10 Cedar Street, Suite 24**  
**Woburn, MA 01801**  
**781-864-4285**  
[www.wholeisticlivingllc.com](http://www.wholeisticlivingllc.com)

## **HIPAA NOTICE OF PRIVACY PRACTICES**

*Effective Date: October 1, 2014*

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

Whole-istic Living  
ATTN: Jenna Volpe  
10 Cedar Street, Suite 24  
Woburn, MA 01801  
781-864-4285

### **WHOLE-ISTIC LIVING PLEDGE REGARDING PROTECTED HEALTH INFORMATION:**

“We”, Whole-istic Living, understand that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated within Whole-istic Living.

This Notice will tell you about the only ways in which we may use and disclose protected health information about you. We also describe your rights, and certain obligations we have regarding the use and disclosure of protected health information.

The law requires Whole-istic Living to:

- Make sure that protected health information that identifies you is kept private;
- Notify you about how we protect protected health information about you;
- Explain how, when and why we use and disclose protected health information;
- Follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- Making copies of the revised Notice available upon request.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that I use and disclose protected health information without your written authorization.

#### **For Treatment:**

- We may use protected health information about you to provide you with, coordinate or manage your medical treatment or services – provided that you have signed an Authorization to Release your protected health information to your treatment providers.
- We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you, provided that you have signed an Authorization to Release your protected health information to any of these providers.
- We may also share protected health information about you in order to coordinate the different things you need, such as referrals, orders, lab results or x-rays. We also may disclose protected

health information about you to people outside of this practice who may be involved in your medical care, such as insurance billing companies.

- We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the practice. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you, should you give verbal consent.

**For Payment for Services:**

We may use and disclose protected health information about you so that the treatment and services you receive at this practice may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at this practice so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**As Required By Law:**

We will disclose protected health information about you when required to do so by federal, state or local law.

**Health Risks:**

We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

**Judicial and Administrative Proceedings:**

If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

**Business Associates:**

We may disclose information to business associates who perform services on our behalf (such as billing companies); however, we require them to appropriately safeguard your information.

**Public Health:**

As required by law, we 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:**

We 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:**

We 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:**

We may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. We 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.

**Special Government Functions:**

If you are a member of the armed forces, we may release protected health information about you if it relates to military and veterans activities. We 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:**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

**Worker's Compensation:**

We 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:**

We 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.

**YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES**

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

- We may share with a family member, relative, friend or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition or death.
- We may share information with a public or private agency (such as the American Red
- Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to us at our above listed address.

**YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding protected health information we maintain about you:

**Right to Inspect and Copy:**

- You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records.
- To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to me (see address on page 1).

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

**Right to Amend:**

If you feel that protected health information we have about you is incorrect or incomplete, you may ask me to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to me (see address on page 1). In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that:

- Was not created by me, 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 us;
- Is not part of the information which you would be permitted to inspect and copy; or
- We believe is accurate and complete.

**Right to an Accounting of Disclosures:**

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing to me (see address on page 1). You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or request 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 of information that does not contain information identifying you

**Right to Request Restrictions:**

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described on pages 4-5.

**Right to Request Confidential Communications:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

**Right to a Paper Copy of This Notice:**

You have the right to a paper copy of this Notice at any time, by downloading this form via [www.WholeisticLivingLLC.com/services](http://www.WholeisticLivingLLC.com/services) or by contacting us (see address on page 1).

**OTHER USES AND DISCLOSURES:**

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provide for 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, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

**YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES:**

If you believe your privacy rights have been violated, you may file a written complaint with 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.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.