

Integrative Health & Wellness Clinic, LLC

Notice of Privacy Practice - Effective May 1, 2020

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.

At Integrative Health & Wellness Clinic, we understand that your health information is personal, and we are committed to protecting your confidential health information.

This HIPAA Notice of Privacy Practices (the “Notice”) describes the privacy practices of Integrative Health & Wellness Clinic. This Notice applies to all the health information that identified you and the care you receive at Integrative Health & Wellness Clinic. This information may consist of paper, digital or electronic records but could also include photographs and other electronic transmission or recordings that are created during your care and treatment. Our current Notice is posted at www.best-health.me. You also have the right to receive a paper copy of this Notice and may ask us to give you a copy of this Notice at any time. If you received this Notice electronically, you are entitled to a paper copy of this Notice. If you have any questions about this Notice, please contact the privacy officer listed below.

We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to give you this Notice and to follow the terms of the Notice currently in effect. This Notice describes how protected health information may be used and disclosed for treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information. Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of your medical information. It is therefore strongly encouraged that you read this Notice thoroughly.

We are required by law to abide by the terms of this Notice to:

- Make sure that medical information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the Notice that is currently in effect.

For more information, please see <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

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YOUR RIGHTS

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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. In these cases we never share your information unless you give us written permission for:

- Marketing purposes
- The sale of your information
- Most sharing of psychotherapy notes

In cases of fundraising, although not anticipated, we may contact you for fundraising efforts, but you can tell us not to contact you again.

You have the following rights regarding medical information that we maintain about you:

A. Right to Request Restrictions on Certain Uses or Disclosures

You have the right to request a restriction or limitation on the medical information we use or disclose about you to carry out treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member, other relative or a close personal friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. We may deny your request if it would affect your care.

To request restrictions, you must make your request in writing and must tell us the following information:

- The information you want to limit.
- Whether you want to limit our use of the information, disclosure of the information, or both.

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- To whom you want the limits to apply (for example, disclosures to your spouse).
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment of our operations with your health insurer. We will grant your request unless a law requires us to share that information.
- 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. We will make sure the person has this authority and can act for you before we take any action.

B. Right to Receive 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 your cellular phone number or a certain mailing address. Your request must specify how or where you wish to be contacted.

We will not ask you the reason for your request. We will accommodate all reasonable requests.

C. Right to Inspect and Copy:

You can request to inspect or obtain an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. You also have the right to request that we send a copy of your health record to a third party that you identify, with written directions.

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.

D. Right to Ask Us to Amend:

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. You have the right to request an amendment for as long as the information is retained. You must provide a reason that supports your request. We retain the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend any of the following information:

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- Information that is not part of the medical information retained by Integrative Health & Wellness Clinic.
- Information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Information that is not part of the information which you would be permitted to inspect and copy.
- Information that is accurate and complete.

We will act on a request for amendment within 60 days of receiving a request. If we say “no” to your request to amend, we will inform you of the reasons, in writing, within 60 days.

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E. Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” (that is, a list of certain disclosures we have made of your health information during the six years prior to the date you ask). Generally, you may receive an accounting of disclosures if the disclosure is required by law, made in connection with public health activities, or in situations similar to those listed below as other permitted uses and disclosures. You do not have a right to an accounting of disclosures where such disclosure was made:

- To carry out treatment, payment or health care operations.
- To you about your own health information.
- Incidental to other permitted disclosures.
- Where authorization was provided by you.
- To family or friends involved in your care (where disclosure is permitted by you without authorization).
- For our directory or to person’s involved in your care.
- As part of a limited data set where the information disclosed excludes information that identifies you.

To request this accounting of disclosures, you must submit your request, which shall state a time period, which may not be longer than six years and may not include dates before [INSERT FIRST DATE OF OPERATION]. Your request should indicate in what form you want the list (for example, paper or electronic). 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 will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Notwithstanding the foregoing, you may request an accounting of disclosures of any "electronic health record" (that is, an electronic record of health-related information about you that is created, gathered, managed, and consulted by authorized health care clinicians and staff). To do so, however, you must submit your request and state a time period, which may be no longer than three years prior to the date on which the accounting is requested.

F. Right to Request a Paper Copy of This Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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G. Right to Complain

You can complain if you feel we have violated your rights, by contacting us using the following information: Integrative Health & Wellness main office The Privacy Officer can be contacted via email at Integrativehealth@best-health.me or by phone at 603-525-4786. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, DC 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

YOU MUST MAKE ANY OF THE REQUESTS DESCRIBED ABOVE TO THE PRIVACY OFFICER, WHOSE CONTACT INFORMATION IS LISTED BELOW.

OUR USES AND DISCLOSURES

HIPAA generally permits use and disclosure of your health information without your permission for the purposes of health care treatment, payment activities, and health care operations. We typically use or share your health information in the following ways:

Treatment

When and as appropriate, we can use your health information to facilitate medical treatment or services by providers. We may share it with other health care providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in treating you.

Example: A doctor is treating you for an injury asks another doctor about your overall health.

Health Care Operations

When and as appropriate, we can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: we may use medical information in connection with conducting quality assessment and administration improvement, fraud and abuse detection, business planning and development, legal services, and/or audit services.

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Payment

When and as appropriate, we may use and disclose medical information about you to facilitate payment for the treatment and services you receive from health care providers or to coordinate your coverage. We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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OTHER PERMITTED DISCLOSURES

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical 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. Any disclosure, however, would only be to someone who is able to help prevent the threat.

Example: We can share health information about you for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; or preventing or reducing a serious threat to anyone's health or safety.

Research Purposes

We can use or share your information for health research. All patient research must be reviewed through detailed processes as required by law for the protection of patients involved in such research. **We will not use your health information or disclose it outside of Integrative Health & Wellness Clinic for research purposes without either getting your prior written approval or de-identifying the information in accordance with the standards set by the HIPAA Privacy Rule.**

Comply with Federal and State Law

We will share information about you if local, state, or federal laws require it, including with the Department of Health and Human Services for compliance purposes. We may disclose your medical information to a health oversight agency for activities authorized by law.

Example: We may disclose medical information when required by the U.S. Department of Labor or other government agencies that regulate us; to federal, state, and local law enforcement

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officials, in response to a judicial order, subpoena, or other lawful process; and to address matters of public interest as required or permitted by law.

Respond to Organ and Tissue Donation Requests

If you are an organ donor, we may release your medical 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.

Work with a Medical Examiner or Funeral Director

We may release your information to a coroner, medical examiner, or funeral director.

Address Workers' Compensation, Law Enforcement, and other Government Requests

We may use or disclose medical information about you for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; or for special government functions such as military, national security, and presidential protective services.

Respond to Lawsuits and Legal Actions

We may share medical information about you in response to a court or administrative order, or in response to a subpoena.

Group Health Plans

We may disclose your health information to your group health plan for health care operation purposes.

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For example, your health information may be disclosed for the management of health plan premiums incentive programs or for consolidating encounter activity data.

OTHER INFORMATION

In accordance with applicable New Hampshire law, we will not use or disclose your medical information for marketing purposes unless we obtain your authorization to do so. For use or disclosure of health information for fundraising purposes, we will provide an opportunity for any intended recipient of fundraising communications to elect not to receive fundraising communications. If protected health information is disclosed for marketing or fundraising purposes, the disclosure will not be by voice mail, unattended facsimile or other non-secure communication methods. Additionally, in the event of a use or disclosure of protected health information by us that is allowed under federal law, but not allowed under New Hampshire law, we will promptly notify you in writing of such disclosure.

DATA BREACHES

Pursuant to changes to HIPAA required by the Health Information Technology for Economic and Clinical Health Act of 2009 and its implementing regulations (collectively, "**HITECH Act**") under the American Recovery and Reinvestment Act of 2009 ("**ARRA**"), this Notice also reflects federal breach notification requirements imposed on medical providers in the event that your "unsecured" protected health information (as defined under the HITECH Act) is acquired by an unauthorized party.

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. Furthermore, we will notify you following the discovery of any "breach" of your unsecured protected health information as defined in the HITECH Act (the "**Notice of Breach**"). Your Notice of Breach will be in writing and provided via first-class mail, or alternatively, by email if you have previously agreed to receive such notices electronically. If the breach involves:

- 10 or more individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute individual Notice of Breach by either posting the notice on our website at www.best-health.me or by providing the notice in print or media where the affected individuals likely reside.
- less than 10 individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute Notice of Breach by an alternative form.

Your Notice of Breach shall be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and shall include, to the extent possible:

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- A description of the breach.
- A description of the types of information that were involved in the breach.
- The steps you should take to protect yourself from potential harm.
- A brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches.
- Our relevant contact information.

Additionally, for any substitute Notice of Breach provided via web posting or major print or broadcast media, the Notice of Breach shall include a toll-free number for you to contact us to determine if your protected health information was involved in the breach.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticeapp.html.

Changes to the Terms of this Notice and Contact Information

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 website, www.best-health.me