



Notice of Privacy Practices for Protected Health Information (PHI)

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.

Moringa Natural Health Center is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This clinic will not use or disclose your health information except as described in this notice. If you consent, the office is permitted by federal privacy laws to make uses and disclosure of your health information we create and obtain in providing our services to you. Such information may include documenting your symptoms, medical history, examination and test results, diagnoses, treatment, and applying for future care of treatment. It also includes billing documents for those services.

Examples of uses of your health information for Treatment purpose:

- ✓ A provider or assistant obtains treatment information about you and records it in a health record.
- ✓ During the course of your treatment, the provider determines if he/she will need to consult with another specialist in the area. He/She will obtain your signed authorization before sharing information with such specialist to obtain his/her input.
- ✓ Referral information may be forwarded to Diagnostic Testing Labs for further treatment or testing when the provider will want results of such treatment or testing reported back to him/her.
- ✓ If the provider is a specialist, your health information and progress may be reported back to your primary care provider or referring provider, upon receipt of your written authorization.

Examples of uses of your health information for Payment purposes:

- ✓ All payments are due at the end of services rendered on the day of. We do NOT submit requests for payment to your health insurance company. Upon your request, after the payment for services have been received, we gladly provide you with billing information so you can submit requests for payment to your health insurance company directly.

Examples of uses of your health information for Health Care Options:

- ✓ We obtain services from other business associates (an individual or entity under contract with us to perform or assist us in a function or activity that necessitates the use or disclosure of health information) such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, medical transcription, medical review, legal services, and electronic health record (EHR).
- ✓ We will share health information about you with our laboratory contracts and other business associates to protect the confidentiality of your health information.

Your Health Information Rights:

The health records we maintain are the physical property of the treating provider. The information in it, however, belongs to you. You have the right to:

✓Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted as required by law.

✓Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office.

✓Obtain an accounting of disclosure of your health information as required to be maintained by law, upon request. An accounting will not include internal uses of information for treatment, payment, operation, or disclosure made to you.

✓Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

✓If you want to exercise any of the above rights, please contact our office in writing during normal business hours. We will provide you with assistance on the steps to take for you to exercise your rights.

✓You have the right to review this notice before signing the consent authorizing use and disclosure of your PHI for treatment, payment, and health care operations purpose.

Our Responsibilities:

This office is required to:

✓Maintain the privacy of your health information as required by law.

✓Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.

✓Abide by the terms of this notice.

✓Notify you if we cannot accommodate a requested restriction or request.

✓Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provision in our privacy practices and access practices and to enact new provisions regarding the PHI we maintain. If our information practices change, we will amend our notice. You’re entitled to receive a revised copy of the notice by calling and requesting a copy of our notice or by visiting our office and picking up a copy.

To Request Information or File a Complaint:

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our office at the contact number listed above. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office or by delivering the written complain to our office. You may also file a complaint by mailing it to the above address. We cannot, and will not, require you to waive the right to file a complaint with us as a condition of receiving treatment from our office. Likewise, we cannot, and will not, retaliate against you for filing a complaint with our clinic.

Other Disclosures and Uses:

Notification of Family/Friends: Our office does not disclose PHI or any other information to friends/family members unless you complete and sign an acknowledgment to release PHI to specific listed person(s).

Appointment Reminders and Treatment Information: We may contact you and/or leave a message on your telephone answering machine and/or voice mail to provide you with appointment reminders and/or payments due unless you submit a written request asking not to.

We do not leave lab results, prescription information, and/or recommended treatments on your answering machine and/or voice mail.

Workers Compensation: If you are seeking compensation through Workers Compensation, we will provide you with necessary paperwork to submit claims directly to them. We do not submit claims at our office. However, all payments are due at the end of services rendered on the same day.

Abuse, Neglect, and/or Domestic Violence: We may disclose your health information to public authorities as allowed by law to report abuse, neglect, and/or domestic violence.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may disclose to the institution or law enforcement official health information necessary for your health and safety or the health and safety of other individuals.

Law Enforcement: We may disclose your health information for law enforcement purposes as required by law, such as when required by a court order, for identification of a victim of a crime if certain protective requirements are met, to report a crime in emergencies, and other appropriate situations as permitted by law.

Judicial/Administration Proceeding: We may disclose your health information in the course of any judicial or administrative proceeding as allowed or required by law or as directed by a proper court order or in response to a subpoena, discovery request, or other lawful process if certain specific requirements are met. To avert a serious threat to health or safety, we may disclose your PHI consistent with applicable law to prevent or lessen a serious imminent threat to the health and/or safety of a person or the public.

Other Uses: Any other uses and disclosure of your PHI besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Patient's Signature: _____ **Today's Date:** _____

Patient's Printed Name: _____ **Today's Date:** _____