

CREATING PEACE WITH FOOD LLC

NOTICE OF PRIVACY PRACTICES

Creating Peace with Food LLC believes protection of your medical information is important. Your medical information is personal and protecting it is a legal and ethical priority. A record will be created of the personal history you provide and the care and services you receive. This record is necessary to provide you with quality care and to comply with certain legal requirements. This notice describes how your medical information may be used and disclosed and how you can obtain access to this information as mandated by the Health Insurance Portability & Accountability Act of 1996 (HIPAA). Please review it carefully.

Health care providers have the right to:

Change the Notice of Privacy Practices any time in the future. Before any significant changes are made, you will be provided with a revised copy of the notice. The terms of the new notice will be effective for all medical information that is kept, including information previously created or received before the changes.

Use and/or disclosure of your medical information may be used:

- To provide treatment by all providers and staff of Creating Peace with Food LLC and to coordinate with other health care practitioners.
- In business and practice operations (including but not limited to training purposes and scheduling).
- Obtain payment from third-party payers for health care services, including collection services for unpaid statements greater than 90 days old.
- Notify or assist in notifying a family member or personal representative. In the event that you become ill or need assistance, information about your location and general condition may be provided.
- In response to a court of administrative order, subpoena, discovery request, or other lawful process under certain circumstances.

The law requires health care providers to:

- Keep your medical information private.
- Give you this notice describing your legal duties and rights regarding your medical information.
- Follow the terms of this notice in effect with your signature.

Your individual rights:

- Look at or receive a copy of your medical information with a request in writing.
- Receive a list of instances in which I have disclosed health information about you aside from treatment (ex. Subpoena).
- Request, in writing, that I place additional restrictions on use or disclosure of your medical information. Your request will be considered, but there is no legal obligation to agree to the restrictions.
- Have a copy of this notice.

