



Lori D. Brown ND, MA
Park Tower III
222 NE Park Plaza Dr, Suite 111
Vancouver, WA 98684

360.882.1339
360.253.8006 fax
naturalfamilymedicine.com

HIPAA Notice of Privacy Practices

This notice describes how medical information may be used and disclosed and how you can get access to this information.

This notice describes how medical offices may use and disclose your protected health information to carry out treatment, payment, health care operations, or other purposes that are permitted or required by law. Your right to access and to control your protected health information are also explained. The definition “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health and related health care services. We are required by law to maintain the privacy of your protected health information; give you this notice of legal duties and privacy practices with respect to your protected health information; and follow the terms that are currently in effect. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time as well as any information we receive in the future. You can obtain revised Notice of Privacy Practices by contacting our office.

How Your Protected Health Information May Be Used and Disclosed—The following examples describe different ways your protected health information may be used or disclosed. These examples are meant to describe some of the types of uses and disclosures permitted by law that may be used by our office. However, our office may never have reason to make some of these disclosures.

For Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care treatment and any related services. We may also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

For Payment:

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as pre-authorization for eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services:

We may use and disclose your protected health information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options or health-related benefits and services that may be of interest to you.

Plan sponsors:

If your coverage is through an employer sponsored group health plan, we may share protected health information with your plan sponsor.

Others Involved in Your Healthcare:

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.



Lori D. Brown ND, MA
Park Tower III
222 NE Park Plaza Dr, Suite 111
Vancouver, WA 98684

360.882.1339
360.253.8006 fax
naturalfamilymedicine.com

Required by Law:

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health:

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

Business Associates:

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Communicable Diseases:

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight:

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect:

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration:

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, or track product to enable product recalls, as required by law.

Legal Proceedings:

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement:

We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes including legal processes required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of the practice, and medical emergency with likely crime occurrence.

Coroner, Funeral Directors, and Organ Donation:

We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.



Lori D. Brown ND, MA
Park Tower III
222 NE Park Plaza Dr, Suite 111
Vancouver, WA 98684

360.882.1339
360.253.8006 fax
naturalfamilymedicine.com

Criminal Activity:

We may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and/or safety of a person or the public. We may also disclose your protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation:

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

For Data Breach Notification:

We may disclose your protected health information to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan, if applicable, through which you receive coverage.

Required Uses and Disclosures:

Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information—Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. For example, a health insurance plan is not permitted to use or disclose genetic information for underwriting purposes.

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization—Uses and disclosures of your protected health information that involve the release of psychotherapy notes (if any), marketing, sale of your protected health information, or other uses or disclosures not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time, in writing, except to the extent that this office has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

Your Rights Regarding Health Information About You—The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your protected health information that is contained in your designated file for as long as we maintain the protected health information. A “designated file” contains medical and billing records and any other records that your physician and the office uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You must make a written request to inspect and copy your designated file. We may charge a reasonable and customary fee for any copies. Additionally, if we maintain an electronic health record of your designated file, you have the right to request that we send a copy of your protected health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your protected health information. Depending on the circumstances, we may deny your request to inspect and/or copy your protected health information. A decision to deny access may be reviewable. Please contact our office if you have questions about access to your medical record.
- You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to any family members or friends who may be involved in your care. Your request must report the specific restriction(s) requested and to whom the restriction(s) apply. We are not required to agree to a restriction unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for



Lori D. Brown ND, MA
Park Tower III
222 NE Park Plaza Dr, Suite 111
Vancouver, WA 98684

360.882.1339
360.253.8006 fax
naturalfamilymedicine.com

payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you paid us out-of-pocket in full. If this office believes it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If this office does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician by contacting our office.

- You have the right to restrict information given to your third party payer if you fully pay for the services out-of-pocket since no claim is being made against the third party payer.
- You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests and may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our office.
- You may have the right to have your physician amend your protected health information. This means you may request in writing an amendment of protected health information about you in your designated file for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in the Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.
- You have the right to receive notice of a security breach. We are required to notify you if your protected health information has been breached. The notification will occur by first class mail within 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of your protected health information. The notice will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches.

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a written complaint with us by notifying our office of your complaint. We will not retaliate against you for filing a complaint. You may reach our office by calling 360.882.1339. You may also contact us at this number for questions about this privacy notice.

Effective date: 09/23/13.