Natalie Greco Dietetics and Nutrition, PLLC

Contact: 716-**506-0500**

Patient Name: As above Date of Birth: As above

During your treatment at Natalie Greco Dietetics and Nutrition, PLLC, we may gather information about your medical history and current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Natalie Greco Dietetics and Nutrition, PLLC.

Natalie Greco Dietetics and Nutrition, PLLC is committed to protecting patient privacy. We are required by law to provide you with this Notice of Privacy Practices and 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; and notify you in the event there is a breach of any of your unsecured protected health information.

* **When We May Use and Disclose Your Medical Information with Your Written Authorization**
  + With your authorization – For any purpose, including those described below, we may use or disclose your health information when you have given us your written authorization.
  + Marketing – We will obtain your written authorization before using your health information to send marketing materials.
  + Highly confidential information – There are additional protections for certain confidential health information. For example: psychotherapy notes, diagnosis, prognosis or treatment for alcohol or drug dependency, HIV testing or results, etc.
  + Selling your information – We will not sell your medical information without your written authorization.

**When We May Use and Disclose Your Medical Information without Your Written Authorization**

**As part of our services, we will obtain and store information you share with us in our Practice Better management software. Your record belongs to our practice, but we do not own your health information. We are permitted by law to use or disclose your health information for the following purposes without your authorization.**

* **Payment – We may use or disclose your information to obtain payment for services.**
* **Treatment - We may disclose your information to another health care provider so they can treat you or to provide information about treatment alternatives.**
* **Health care operations – This includes using your information for certain activities that are necessary to operate the practice and ensure that patients receive quality care. For example, we may use your information to review the performance of our staff.**
* **Reminders – To remind you of appointments for the purposes of care coordination.**
* **As required by law – We will disclose your medical information if we are required to do so by federal, state or local law.**
* **Business Associates – We may disclose information about you to our business associates so they can perform the services that we have contracted them to do for us. For example, we may disclose your information to attorneys, collection and accreditation organizations, etc.**
* **Public health activities – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.**
* **Special Circumstances – We may use and disclose your medical information in these special circumstances: Organ and tissue donation Health oversight activities (as required or allowed by law); Judicial and administrative proceedings; Workers compensation; Coroners, medical examiners and funeral directors; National security and intelligence activities; and Law enforcement.**
* **Disclosures We Make Unless You Object To: To maintain our directory – We may include limited information about you in our internal directory while you are a patient. This could include your name and contact information.**
* **Your Rights Regarding Your Medical Information**
  + **Inspect and copy your health information – You may request access to your health information to review or request copies of the information. This usually includes medical and billing records maintained by Natalie Greco Dietetics and Nutrition, PLLC. You will receive a copy of your health information within sixty (60) days of your written request to receive such information.**
  + **Right to receive an electronic copy of your medical record – You have the right to request an electronic copy of your medical information. If the form and format are not readily producible, we will work with you to create a reasonable electronic form or format within sixty (60) days upon receipt of your written request.**
  + **Right to request restrictions on the use or disclosure of your health information – You have the right to request restrictions on the use or disclosure of your medical record to your health plan for payment or health care operations if you have paid in full for the treatment out-of-pocket. This request must be in writing and identify what information you want to limit, how you want to limit the use and/or disclosure, and to whom you want the limits to apply. Please note that it may take up to sixty (60) days for the restrictions to take effect upon receipt of your written request.**
  + **Right to request to correct or amend your health information – You may ask us to correct your health information. We will consider all requests and may deny your request for legitimate reasons, for example, if we determine that the record is accurate and complete.**
  + **Right to be notified of a breach – We will notify you in the event of a breach of your protected health information.**
  + **Right to a paper copy of this notice – You have the right to receive a paper copy of this notice and may ask for a copy at any time.**
  + **Changes to this Notice**

**We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If the terms of this notice are changed, Natalie Greco Dietetics and Nutrition, PLLC will provide you with a revised notice upon request.**

* **Complaints or Questions**

**If you believe your privacy rights have been violated, you may file a complaint with us by notifying us in writing at nataliegreconutrition@gmail.com**

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information, including those listed above and the following:**

* **I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.**
* **I understand that uses and disclosures already made based upon my original permission cannot be taken back.**
* **I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.**
* **I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create health information for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.**