



HIPAA NOTICE OF PRIVACY PRACTICES

We understand that information about you and your health is very personal, and maintaining the privacy of that information is of utmost importance to us. While Northwest Metabolic Medicine (NWMM) is required to follow applicable federal law regarding the use and disclosure of your personal health information (PHI), we have chosen to institute standards more stringent than the Health Insurance Portability and Accountability Act (HIPAA) requires, where allowed by law.

We train our staff to be sensitive about privacy and to respect the confidentiality of your 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.

Effective Date: This Notice of Privacy Practices is effective February 1, 2014.

We are required by law to maintain the privacy of our patients' PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice of Privacy Practices effective for all PHI maintained by us. You may receive a copy of any revised notice at our office, or a copy may be obtained from our website, nwmetabolic.com.

USES AND DISCLOSURES OF YOUR PHI

The following categories detail the various ways in which we may use or disclose your PHI. For each category of uses or disclosures, we will give you illustrative examples. It should be noted that while not every use or disclosure will be listed, each of the ways we are permitted to use or disclose information will fall into one of the following categories.

For Treatment. We will use and disclose your PHI as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in your care will use information in your medical record to plan a course of treatment for you that may include procedures, medications, tests, etc. This may involve coordination or management of your health care with a third party, consultation between health care providers regarding your treatment, or the referral of a patient from one health care provider to another.

For Payment. We will use and disclose your PHI as necessary for payment purposes. For instance, we may use information to obtain payment or be reimbursed for our services. This may involve disclosures to consumer reporting agencies (but limited to specified identifying information about you and your payment history).

For Health Care Operations. "Health care operations" are certain administrative, financial, legal, and quality improvement activities that are necessary to run our business and to support the core functions of patient treatment and payment. For instance, we may use information for quality assessment and improvement activities, training staff, or other business management and general administrative activities.

Appointments and Services. We may use your PHI to remind you about appointments or to follow up on your visit.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, technology services, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our payment/billing activities and health care operations. In all such cases, we require these business associates (and any of their subcontractors) to comply with any HIPAA regulations as required by law, and appropriately safeguard the privacy of your information.

OTHER USES AND DISCLOSURES

In limited circumstances, the HIPAA privacy rules permit, but do not require, covered entities such as NWMM to disclose health information for various specific public responsibilities without your consent. When there is no law requiring disclosures in these situations, health care providers may use their professional judgement to decide whether to make such disclosures based on their own policies and ethical principles. It is the policy of Northwest Metabolic Medicine that other disclosures should be made only rarely and in very limited circumstances, as described below.

We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization. Subject to conditions specified by law, we will use or disclose your PHI in the following situations:

- **As Required by Law.** We may release your PHI for any purpose where required by law.
- **Averting a Serious Threat to Health or Safety.** We may disclose your PHI if we believe the disclosure is needed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the recipient is able to lessen the threat.
- **For Law Enforcement Purposes.** We may disclose your PHI to law enforcement officials if they have a court order, warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena.
- **In Response to Judicial/Administrative Proceedings.** We may disclose your PHI in response to a court order. We will not release your PHI in response to an attorney-signed subpoena, discovery demand or other “lawful process” unless also accompanied by a court order.
- **Required Release to HHS.** We must disclose your PHI to the Department of Health and Human Services for use in compliance or oversight investigations.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing such use or disclosure. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose the previously authorized PHI. Please keep in mind that disclosures we previously made in accordance with your authorization (prior to you revoking it) will not be affected and cannot be taken back.

USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION IS REQUIRED

Under HIPAA rules, there are several circumstances in which authorization from you must be obtained, including:

- Uses and disclosures of your PHI to market a product or service to you, or to give or sell your PHI to a third party for marketing.
- The sale of Protected Health Information.

Northwest Metabolic Medicine does not engage in either activity, therefore, we do not offer such authorization.

DISCLOSURE TO INSURANCE COMPANIES

Under HIPAA rules, you have the right to request that your health care provider restrict certain disclosures of PHI to a health plan when you pay out of pocket, in full for the health care item or service.

Northwest Metabolic Medicine does not contract with or participate with any insurance companies. Therefore, it is our policy that we will not release or disclose your PHI to any insurer or health plan even if you authorize or request this release, and without regard as to whether you intend to file a claim with your insurer or pay out of pocket in full.

LIMITING USES AND DISCLOSURES TO THE MINIMUM NECESSARY

A central aspect of the HIPAA privacy rules is the principle of “minimum necessary” use and disclosure. We will make a reasonable effort to use, disclose, or request only the minimum amount of PHI needed to accomplish the intended purpose of the use or disclosure. It is important to note that this requirement does not apply when a physician discloses information to another provider for treatment purposes or when a physician requests information from another provider for treatment purposes. Accordingly, the minimum necessary standard should not interfere with a physician's ability to provide appropriate treatment to patients. The minimum necessary standard also does not apply when the physician releases information: directly to the patient, pursuant to a patient's authorization, or for disclosures that are required by law or are necessary to comply with the Privacy Rules.

RIGHTS THAT YOU HAVE

Access to Your PHI. Generally, you (or your representative) have the right to access, inspect, and/or receive copies of the PHI that we maintain about you when you request it. To receive a copy of your PHI, your request must be made to us in writing and be signed by you or your representative. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs associated with your request. The fee may include copying costs, including supplies and labor, and postage if

mailing is required. If you have requested to receive a summary of the information, we may charge a fee for preparation of the summary.

Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make an effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If it is not readily producible in such form, your record will be provided in our standard electronic format. If you do not want this format, a paper copy will be provided. We may charge you a reasonable, cost-based fee for the labor associated with compiling, writing, and distributing the electronic data.

Amendments to Your PHI. You have the right to request that PHI that we maintain about you be amended or corrected. All amendment requests, in order to be considered, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. We are not obligated to make the requested amendments, and if we deny your request we will explain why in writing. Please note that even if we accept your request, we will not delete any information already documented in your medical record.

List of Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions (such as any disclosures that you asked us to make). This accounting may include only those disclosures made in the six years prior to or less of the date on which the request is made. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free. You will be charged a reasonable, cost-based fee for each subsequent accounting request within a 12-month period.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on our use or disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree to your restriction request, unless otherwise described in this notice, but will attempt to accommodate reasonable requests when appropriate. If we agree, we will honor the agreement but we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed-upon restriction, we will notify you of such termination. It is important to note that your request usually cannot trump a public safety demand that is permitted by HIPAA and required by law.

Confidential Communications. You have the right to request that we communicate with you about your PHI by specific methods and/or at specific locations. For instance, you may ask that we contact you via your work phone or send mail to a different address. We will accommodate all reasonable requests.

Breach Notification. You will receive notification of any breach of your unsecured PHI as soon as possible, but in any event, no later than 60 days after we discover the breach.

Copy of This Notice. You can ask for a paper copy of this Notice of Privacy Practices, even if you previously have requested such copy by e-mail or other electronic means. Our Notice may also be obtained on our website at <http://nwmetabolic.com>

ADDITIONAL INFORMATION

Changes to This Notice. We reserve the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes will be effective immediately upon us making them. They will apply to all PHI we create or receive in the future, as well as to all PHI created or received by us in the past (i.e. to PHI that we had before the changes took effect). If we make changes, we will make the updated Notice available in our office and on our website. Also, upon request, you will be given a copy of our current Notice.

Complaints. If you believe your privacy rights have been violated, you may file a complaint in writing with the Privacy Officer at our office. You may also file a complaint with the U.S. Department of Health and Human Services in Washington, D.C. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

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