

Snohomish Naturopathic Clinic

Notice of Privacy Practices

This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. Covered entities may use and disclose PHI without individual authorization as required by law (including by statute, regulation, or court orders).
4. To report PHI to a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or an administrative request from a law enforcement official (the administrative request must include a written statement that the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used)
8. For Workers Compensation and similar programs.

Your rights regarding your health information

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Snohomish Naturopathic Clinic, 1101 Ave. D, Suite D103, Snohomish, WA 98290.

- Note: *We must respond to this request within 30 days.*

4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing using our Request for Amendment form and submitted to Snohomish Naturopathic Clinic, 1101 Ave. D, Suite D103, Snohomish,

WA 98290. You must provide us with a reason that supports your request for amendment. Clerical errors are not a reason for amendment.

- *Note: We must respond within 60 days. The Privacy Officer or the patient's physician will usually do this. If the physician believes the information is complete and accurate, the physician can refuse to make any changes.*

5. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact the front desk receptionist.

6. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact the Practice Manager at Snohomish Naturopathic Clinic. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

7. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If you have any questions regarding this notice or our health information privacy policies, please contact the Office Manager at Snohomish Naturopathic Clinic.

8. We are required to have each patient sign an Acknowledgement of Receipt of this Notice of Privacy Practices. This Acknowledgement of Receipt will be added to your medical records.

If you have any questions regarding this notice or our health information privacy policies, please contact the Practice Manager at Snohomish Naturopathic Clinic.

Acknowledgement of Understanding of SNC's Notice of Privacy Practices

I, _____, have read and understand Snohomish Naturopathic Clinic's Notice of Privacy Practices, which describes how my health information is protected, used and/or shared. I understand SNC can change this Notice at any time. I may obtain a copy if needed by contacting the Practice Manager or by visiting SnohomishNaturopathic.com.

My signature below acknowledges that I have read and understand the above Notice of Privacy Practices:

Signature of Patient or Guardian

Date

