



NASH INTEGRATIVE MEDICINE, INC.

DEBORAH J. NASH, MD, FAAFP
245 S. Garber Drive, Tipp City, OH
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(937) 877-1222 PHONE/ (937) 877-1254
FAX

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact our Privacy Officer at (937) 877-1222.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

"Protected Health Information" (PHI) is health information about you that is maintained or transmitted by electronic media or any other medium, including demographic information which relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or the payment for your healthcare; in which there is a reasonable basis to believe the information can be used to identify you.

We are required to abide by the terms of this Notice of Privacy Practices. 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 that time. We will provide you with any revised Notice of Privacy Practices if you request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment.

Understanding Your Health Record/Information

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals



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- Source of data for medical records
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may assess your health information
- Make more information decisions authorizing disclosure to others

Your Individual Rights Concerning Protected Health Information (PHI)

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the Notice of Privacy Practices upon request
- Inspect and obtain a copy of your health record
- Request an amendment to your health record
- Obtain an accounting of disclosures of your health information for purposes other than for treatment, payment or health care operations
- Request communications of your health information be made by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information for purposes other than for treatment, payment or health care operations, except to the extent that action has already been taken in reliance on your authorization

Our Responsibilities

This organization is required to:

- Maintain the privacy of your health information
- Provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations



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We will not use or disclose your health information ~~with~~ without your authorization, except as described in this Notice.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Privacy Officer at (574) 522-2273 for further information about the complaint process.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by a therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for health care operations.

For example: Members of our quality improvement team may use information in your health record to assess the care and outcomes in your care and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare goods and services we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include our custom equipment vendors who may need health information to design and manufacture equipment or supplies for you. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.



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Other Purposes for Which PHI May Be Used or Disclosed Without Your Consent or Authorization

There are certain circumstances under which we do not need to obtain your consent, authorization or provide you the opportunity to agree or object to use or disclosure of your protected health information (PHI).

- For uses and disclosures required by law
- For certain public health activities (such as the reporting of disease)
- To a government authority authorized to receive reports of abuse, neglect, or domestic violence
- To a health oversight agency for oversight activities authorized by law (audits, licensure, inspections, etc.)
- For certain judicial and administrative proceedings (for example in response to a court order, or to a subpoena, or discovery request)
- For certain law enforcement purposes, such as grand jury subpoena; request by law official during an investigation for the purpose of identification and location a suspect, fugitive, material witness, or missing person
- In the provision of care to inmates
- To victims of a crime
- For specialized government functions (such as military missions or lawful intelligence, counterintelligence, or national security activities)
- To comply with worker's compensation laws
- For identification and location purposes (example—location of patient's room in a hospital)
- Research, provided that a privacy board or institutional review board has approved a waiver meeting the specifications as required by 45 CFR §164.512(i)(2).
- To a coroner, medical examiner, or funeral director, to assist the recipient in performing his or her legal duties
- To an organ procurement organization in order to facilitate donation or transplantation
- To prevent or lessen a serious and imminent threat to the health and safety of an individual or the public, except that PHI may not be disclosed to reduce the possibility of harm caused by a criminal act if the PHI was obtained as part of treatment to reduce the propensity to commit the criminal conduct that is the basis for the disclosure
- To contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you
- Fundraising (can only use the patient's demographic data and dates of health care). However, the fundraising material must state how the patient may opt-out of receiving future fundraising communications. Reasonable efforts will be made to ensure that patients who opt-out will not receive such future fundraising communications



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- Marketing, in certain specific circumstances such as face-to-face communications with the patient, marketing which concerns products or services of nominal value or marketing which identifies NASH INTEGRATIVE MEDICINE, INC. as the communicator and uses patient demographic data, diagnosis and medical equipment or supply information or other items of PHI as needed, and which concerns health related products or services. If applicable, the communication states that NASH INTEGRATIVE MEDICINE, INC. will receive compensation for making the communication and will state how the patient may opt-out of receiving such future marketing communications. Reasonable efforts will be made to ensure that patients who opt-out will not receive such future marketing communications

Uses and disclosures of your health information, not referenced above, will only be made with your written authorization. You have the right to revoke this authorization, in writing, at any time by sending written notification to Attn: Privacy Officer, Nash Integrative Medicine, Inc., 245 S. Garber Dr., Tipp City, OH 45371-1183. Your revocation is not effective to the extent that NASH INTEGRATIVE MEDICINE, INC. has relied on your authorization for the prior use or disclosure of your protected health information (PHI).

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

This Notice was published and became effective on January 1, 2011



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Acknowledgement of Receipt of Notice of Privacy Practices or Summary Notice of Patient Privacy

I certify that I have received a copy of the Notice of Privacy Practices or Summary Notice of Patient Privacy. The Summary Notice of Patient Privacy summarizes the information contained in the Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Nash Integrative Medicine, Inc.'s health care operations. The Notice of Privacy Practices also describes my rights and Nash Integrative Medicine, Inc.'s duties with respect to my protected health information. The Notice of Privacy Practices is posted in our local office located at 245 S. Garber Dr., Tipp City, OH 45371-1183.

Nash Integrative Medicine, Inc. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or by calling Nash Integrative Medicine, Inc. at (937) 877-1222.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority



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HIPAA PATIENT AUTHORIZATION FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your right under the law. You have the right to review our Notice before signing this Authorization. You may also request a copy of our Notice of Privacy Practices from our office.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operation. You have the right to revoke this Authorization in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Authorization. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Practices.
- The Practice reserves the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.
- The Patient may revoke this Authorization in writing at any time. My revocation must be in writing and submitted to Nash Integrative Medicine, Inc. If I do revoke this Authorization, my revocation will not affect any prior actions taken by Nash Integrative Medicine in reliance on my authorization.
- If I have any questions about this authorization, I may contact Nash Integrative Medicine at (937) 877-1222 who will provide me with more information about this authorization or about Nash Integrative Medicine, Inc.'s privacy practices

I authorize disclosure of my protected health information to the following:

SIGNED BY: _____

Printed Name of Patient or Representative

Signature

Date

Relationship to Patient (If other than Patient)