



## Patient Acknowledgment of Notice of Privacy Practices

PATIENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I understand the under the Health Insurance Portability and Accountability Act of 1998 I have certain rights to privacy in regards to my protected health information (PHI). I have received read and understand the notice of privacy practices.

Battle Born Nutrition reserves the right to change its terms of the notice of privacy practices. I understand that the practice will provide the current notice of privacy practices upon request.

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ Guardian

Date: \_\_\_\_\_

## Permission to Release Health Information

I grant the right to Crescent Henry/Battle Born Nutrition to release and/or obtain health information about \_\_\_\_\_ (patient's name) to my third-party payers and the following health care providers or persons:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ Guardian

Date: \_\_\_\_\_



## Notice of Privacy Practices Effective March 2018

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.**

### **OUR LEGAL DUTY:**

We are required by applicable federal and state law to maintain the privacy of your health information. We reserve the right to change our privacy. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available. You may request a copy of this notice at any time.

### **USE AND DISCLOSURE OF HEALTH INFORMATION:**

**Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment of Services:** We may use or disclose your health information to obtain payment for services provided to you.

**Healthcare Operations:** We may use or disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, case management, review the competence or qualification of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing and other activities.

**Required by Law:** We will disclose your health information about you when required to do so by federal, state or local law.

**Abuse or Neglect:** We may disclose information to appropriate authorities if we reasonably believe you are a victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose this type of information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**Business Associate:** We may disclose information to business associates who perform services on our behalf (such as billing companies); however, we require them to appropriately safeguard your information.

**Appointment Reminders:** We may use or disclose your health information to contact you as a reminder (such as voicemail messages, email, postcards, text or letters) that you have an appointment for treatment or medical care with Battle Born Nutrition.

### **PATIENT/CLIENT RIGHTS**

**Access:** You have the right to inspect and copy your health information, with limited exceptions. Submit your request in writing to Battle Born Nutrition. A fee will be charged for the costs associated with your request. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

**Disclosures Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain activities, for the last 6 years, but not before March 1, 2018. If you request an accounting more than once in a 12- month period, you will be charged a reasonable cost-based fee for responding to these requests.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.



**Restrictions:** You have the right to request we place additional restrictions on our use of your health information. We are not required to agree to additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must make your request in writing. We will accommodate all reasonable requests.

**Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice at any time by contacting Battle Born Nutrition.

#### **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have additional questions or concerns, please contact [nutritionnv@outlook.com](mailto:nutritionnv@outlook.com). If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may record your complaint to us using current contact information at [www.nutritionnv.com](http://www.nutritionnv.com). You may also submit a written complaint to the Secretary of the Department of Health and Human Services. We support your right to the privacy of your health information. If you file a complaint, we will not take any action against you or change our treatment of you in any way. We support your right to the privacy of your health information.