



Nutrition Counseling for Diabetes

HIPAA NOTICE OF PRIVACY PRACTICE

THIS NOTICE DESCRIBES HOW WE USE YOUR HEALTH INFORMATION AND HOW TO ACCESS IT. THIS NOTICE APPLIES TO ALL RECORDS OF YOUR CARE WE MAINTAIN.

Glucosamigos is committed to protecting your health information.

- We may change this notice and it will apply to your health information we already have as well as any information we receive in the future.
- We will keep a copy of the current notice on our website and have a paper copy available at appointments.
- The effective date of the notice will be clearly marked on the first page.

If you have questions about this notice, please contact:

Rita Rubin MPH, MS, RDN
1254 S Waterman Ave, Suite 28
San Bernardino, CA 92408
Phone: 909-763-2551
Fax: 866-475-0054

The following categories describe different ways that we may use and disclose protected health information without your written authorization.

Treatment

- We may use your health information to provide you with care.
- We may share your health information with other health care providers involved in your care.

Billing

- We may use and disclose your health information for billing and payment purposes.
- For example, we may need to provide your health plan information for reimbursement.

Health Care Operations

- We may use and disclose your health information for health care operations.
- This includes quality assessment and improvement activities, case management, coordination of care, business planning, and customer service.
- These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all patients receive quality care.
- For example, we may use your health information to review our treatment and services or evaluate the performance of the dietitian who is providing your services.
- We may also disclose your health information to doctors, nurses, technicians, medical students, and other Glucosamigos personnel for review and learning purposes.

When Required by Federal, State or Local Law

YOU CAN OBJECT TO THE SHARING OF YOUR HEALTH INFORMATION WITH FAMILY, FRIENDS, OR DISASTER RELIEF AGENCIES. TO OBJECT, CALL OR WRITE THE CONTACT PERSON LISTED ON PAGE 1 OF THIS NOTICE.

You have the following rights regarding your protected health information that Glucosamigos maintains

You have the right to inspect and copy your health information.

You have the right to request an amendment to your health information.

You have the right to request an accounting of disclosures of your health information.

You have the right to request restrictions on the use and disclosure of your health information.

You have the right to request confidential communications about your health information.

You have the right to a paper copy of this notice.

You have the right to be notified upon a breach of your health information.

You have the right to request that your health information not be disclosed to a health plan for purposes of payment or health care operations if you paid out of pocket in full for a specific item or service.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Rita Rubin or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.



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Patient Written Acknowledgement Confirming Receipt of Privacy Notice

I _____ acknowledge that I have received
(print name)

a copy of Glucosamigos HIPAA Privacy Practices Notice on this day,

(date)

(patient/client signature)