



Nutrition Counseling for Diabetes

HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice outlines your protected health information, how it may be used, and what your rights are. Please review carefully and ask any questions prior to signing.

Your Rights When it comes to your medical information, you have certain rights. This section explains your rights and our responsibilities.

<p>Receive a copy of your medical and claims records:</p>	<p>You can ask to see or get a copy of your medical and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</p>
<p>Request that we correct your medical and claims records:</p>	<p>You can ask us to correct your medical and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll give you a written reason within 60 days.</p>
<p>Request confidential communications:</p>	<p>You can ask us to communicate with you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and we must say "yes" if you tell us you would be in danger if we do not.</p>
<p>Request that we limit what we use or share:</p>	<p>You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.</p>
<p>Receive a list of those with whom we've shared information:</p>	<p>You can ask for a list (accounting) of the times we've shared your health information for the six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</p>



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<p>Get a copy of this privacy notice:</p>	<p>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide a paper copy promptly.</p>
<p>Choose someone to act on your behalf:</p>	<p>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act on your behalf before we take any action.</p>
<p>File a complaint if you feel your rights are violated:</p>	<p>You can complain if you feel we have violated your rights by contacting us by:</p> <p>Phone: (909) 763-2551 Fax: (866) 475-7480 Email: ritarubin@glucosamigos.com</p> <p>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.</p>

Your Choices

For certain health information, you can tell us your sharing preferences. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases we never share your information unless you give us written permission:

- For marketing purposes
- Selling your information



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Our Uses and Disclosures

The following categories describe different ways that we may use and disclose your 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 give your health plan information so that they will pay us for your treatment.

To comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they want to see that we're complying with federal privacy law.

For public health and safety: We may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

To run our programs: We may share your information with our contractors and agents who help us run our programs.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date: January 5, 2025

I acknowledge that I have received a copy of the Glucosamigos HIPAA Notice of Privacy Practices.



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I, _____

(Print name).

acknowledge that I have received a copy of Glucosamigos HIPAA Privacy Practices Notice
on this day,

(Date)

(Patient signature)