
EASTSIDE NATURAL HEALTH CLINIC

ULRICH KNORR N.D.

3350 South Highland Drive, Salt Lake City, Utah 84106

TEL (801) 474-3684 FAX (801) 474-3604

Notice of Privacy Practices

PRIVACY PROMISE

Eastside Natural Health Clinic understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

HOW YOUR HEALTH INFORMATION IS USED

When you receive care from Eastside Natural Health Clinic, we may use your health information for treating you, billing for services, and conducting normal business known as "health care operations." Examples of how we use your information include:

Treatment: We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with another health care provider who may assist in your treatment.

Payment: We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company or other third-party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company.

Other services: We may also use your health information to

- Recommend treatment alternatives;
- Tell you about health services and products that may benefit you;
- Share information with third parties who assist us with treatment, payment, and health care operations. Our business associates must protect your information by following our privacy practices;
- Remind you of an appointment (if you do not wish to be reminded, notify our receptionist).

For more information about the practices and rights described in this notice contact our office at (801) 474-3684, or in person at the address above.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases or injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices;
- To protect victims of abuse, neglect, or domestic violence;
- For health oversight activities such as investigations, audits and inspections;
- For lawsuits and similar proceedings;
- When otherwise required by law;
- When requested by law enforcement as required by law or court order;
- For research approved by our review process under strict federal guidelines;
- To reduce or prevent a serious threat to public health and safety;
- For worker's compensation or other similar programs if you are injured at work;
- For specialized government functions such as intelligence and national security.

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All other uses and disclosures not described in this notice require your signed authorization. You may revoke your authorization at any time with a written statement.

OUR PRIVACY RESPONSIBILITIES

Eastside Natural Health Clinic is required by law to maintain the privacy of your health information, provide this notice that describes the way we may use and share your health information, and follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information in maintain. Current notices will be posted in our office. You may also request a copy from your Doctor or from our receptionist.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Request a paper copy of this notice, even if you agree to receive it electronically.
- Request, in writing, the right to inspect and copy your health information, including medical and billing records. (Fees may apply.) Under limited circumstances, we may deny you access a portion of your health information and you may request a review of the denial.
- Request, in writing, corrections or additions to your health information. We may deny your request if we think the amendment is not accurate.
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within six years prior to your request and exclude dates prior to April 14, 2003.

OUR ORGANIZATION

This notice describes the privacy practices of Eastside Natural Health Clinic. Eastside Natural Health Clinic includes Ulrich Knorr, ND, and all other health care providers and employees of Eastside Natural Health Clinic.

Contact Us: If your would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, contact our business manager or your doctor.

We will investigate all complaints and will not penalize or treat you any differently for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

I hereby acknowledge that I have read and understand Eastside Natural Health Clinic's "Notice of Privacy Practices."

NAME (PRINTED)

SIGNATURE

DATE
