

Professional Nutrition Therapists, LLC
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Notice of Privacy Practices

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

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to adequate notice of the uses and disclosures of your protected health information (“PHI”) (i.e., information that discloses your identity or leads to disclosure of your identity) that may be made by this health professional practice. You are also entitled to notice of your rights and the duties of this practice with respect to your health information.

“We respect your right to privacy and understand that your medical information is personal to you. In order to provide medical services to you, we create a paper and electronic records about your health and the care you provide. Your personal health information is confidential and this notice is intended to help you understand how our practice uses and discloses your health information and what rights you have with respect to your medical information.”

Required by Law

PNT has the following duties to your personal health information:

1. We are required by law to maintain the privacy of your health information.
2. We must provide you with notice of our legal duties and privacy practices with respect to personal health information.
3. We must abide by the terms of the notice of privacy practices that is currently in effect.

How We May Use and Disclose Your Information:

The following describes how PNT is permitted by law to share your personal health information with others in order to provide you with medical care. This notice does not describe every use or disclosure our practice makes. It is intended as a general overview.

Medical Treatment. We may need to share information about you in order to provide medical treatment to you. For example, we may share information with other healthcare professionals entering information into your medical records relating to your medical care and treatment. We may share information about you including prescriptions and requests for lab work.

Uses and disclosures Where We Will Obtain Your Written Authorization:

Psychotherapy notes. We may only disclose your psychotherapy notes for limited purposes such as carrying out treatment. For other purposes we will obtain your written consent.

Marketing. For most marketing purposes we will obtain your written consent; exceptions, if product or service is directly treatment related, discussed face-to-face or given as a promotional gift of nominal value.

Uses and Disclosures that You Can Agree or Object to:

Others Involved in Your Health Care Unless you object, we may disclose to a member of your family, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interests based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your health care.

Emergencies. We may use or disclose your protected health information in an emergency treatment situation. If this happens, your healthcare professional will allow you to object to future disclosure as soon as reasonably practical after the delivery of treatment.

Patient Rights

You have the following rights with respect to your personal health information:

Right to Receive Personal Health Information Confidentially You have the right to receive confidential communication of your personal health information by alternate means or at alternate locations. For example, if you would like for us only to communicate with you at home and never at your work place or to send information to you on your workplace email, you may request this of our practice. You must make this request in writing but do not need to disclose your reason for this request. We will attempt to accommodate all reasonable requests. Please be specific as to how or where you wish us to communicate with you.

Right to Inspect and Copy. You have the right to inspect and copy your medical record that has been created to treat you and is used to make decisions about your care. This includes medical and billing records. Records related to your care may also be disclosed to an authorized person such as a parent or guardian upon proper proof of a legitimate legal relationship. You must submit your request in writing to request and copy your records. If you would like to copy your records, our practice may charge you fees for the cost of copying records, mail or other nominal costs associated with your request.

Right to Amend. If you think there is information in your record that may be inaccurate or incomplete, you have the right to request an amendment or clarification in your record. Your request to make an amendment to your record must include the following and may be refused if the following elements are not met:

1. Submit your request in writing
2. Describe what you would like the amendment to say and your reasoning for why the change should be made.
3. The amendment must be dated, signed by you and notarized.

Please note that we will not change information created by third parties, if the information is not part of the medical information kept by our practice or we believe the information you provided to us is inaccurate or incomplete. We reserve the right to deny your request if we believe the information is inaccurate.

Right to Restrict Uses and Other Disclosures:

While you have the right restrictions on how our practice makes certain uses and disclosures for treatment, payment, or health care operations. You may restrict how much information we provide to family members or payment for your care. You may also restrict certain types of marketing materials relating to your care or treatment. **We are not required to your requests or we may not be able to comply with your requests, but we will do all we can to accommodate your requests. If we agree to your requests, we must comply. However, if the information is required to provide emergency treatment to you, we will not comply.**

Your request must include the following:

1. What information you would like to limit.
2. Whether you want to limit use, disclosure or both.
3. To whom you want the limits to apply (e.g., disclosures to parents, children, spouse, etc.).

Right to an Accounting of Uses and Disclosures. You have the right to receive an accounting of the disclosures of your personal health information other than treatment, payment, or health care operations. All requests must be submitted in writing. ALL requests must be for disclosures dated **after April 14, 2003**. All requests must state a time period not longer than seven (7) years back. You must state whether you want the accounting in electronic or paper form. One request in a twelve-month period will be provided to you at no charge. We may charge you a fee for all additional requests within a twelve-month period. We will notify you as to costs of fulfilling your additional request and allow you the opportunity to modify it before the fees are due.

Right to Copy of Notice. You have the right to obtain a copy of privacy practices upon request at any time.

Changes to this Notice. PNT is required to abide by the terms of this notice which is currently in effect. We reserve the right to change the terms of this notice and to make the new notice effective for all personal health information we already have about you and may obtain in the future. If we change our notice, we will post notice of this change thirty (30) days prior to making the change effective. All revised notices will be promptly posted and made available at our offices.