



## HIPPA Notice of Privacy Practices

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

Our pledge regarding protected healthy information:

Expert Nutrition & Wellness (ENW) understands that protected health information about you and your health is personal and we are committed to protecting it. This notice applies to all records of your care generated by ENW, whether made by ENW personnel, your personal doctor, or another associated healthcare professional.

This notice will tell you about the ways we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to:

- Make sure that protected health information that identifies you is kept private.
- Notify you about how we protect protected health information about you.
- Explain how, when, and why we use and disclose protected health information.
- Follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all protected health information that we maintain by:

- Posting the revised notice in our office.
- Making copies of the revised Notice available upon request.

### How we may use and disclose protected health information about you:

The following categories describe different ways that we use and disclose protected health information with your written authorization.

**For Treatment:** We may use protected health information about you to provide, coordinate or manage your medical treatment or services. We may disclose protected health information about you to your doctors, nurses, technicians, medical students, or other personnel who have who are involved in taking care of you.

ENW staff may also share protected health information about you in order to coordinate the different care you need, such as prescriptions, lab work, and x-rays. We also may disclose protected health information about you to people outside who may be involved in your medical care, such as clergy or other we use to provide services that are a part of your care.

**For Communication:**

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the ENW or the office of your primary care physician (listed by you on the New Patient Intake Form).

We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

Currently or in the future, ENW may send out health/nutrition information, discounts, and/or updates regarding are services. This information will be sent out no more than monthly.

**Yes, I am interested in being added to the email list. Initial Here:** \_\_\_\_\_

For appointment reminders, updates, and communications please contact me via:

**Phone**     **Email**     **Text**    **Initial Here:** \_\_\_\_\_

I wish other family or individuals be included on communications:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ **Initial Here:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ **Initial Here:** \_\_\_\_\_

\*I certify that all of the above information is specific to my wishes and that I understand the HIPPA policies of ENW.

**Name of Patient:** \_\_\_\_\_

**\*Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_