



HIPAA NOTICE OF PRIVACY PRACTICES *(Effective 8/15/14)*

Sound Dietitians LLC understands that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all records of your care generated by Sound Dietitians LLC.

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

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

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sending a chart note to your referring physician after a nutrition counseling appointment.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review.

As required by law: We will disclose protected health information about you when required to do so by federal, state, or local law.

You can object to certain uses and disclosures:

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you protected health information that is directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition, or death.

- We may share protected health information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary under emergency circumstances.

You have the following rights regarding your protected health information that we maintain:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communication of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

You may file a complaint about our privacy practices:

If you believe your privacy rights have been violated, you may file a complaint with Megan Ellison at Sound Dietitians LLC 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.

Changes to this notice:

We reserve the right to change this Notice and make the new Notice apply to health information we already have, as well as any information we receive in the future. We will maintain a copy of our current Notice on our website and have a tangible copy available to you on-site at appointments if requested. The Notice will have the effective date clearly marked at the top of the first page.

If you have any questions about this notice, please contact: Sound Dietitians LLC; Megan Ellison, MS, RD, CDE/Owner; PO Box 5115 Lynnwood, WA 98046; phone: 425-409-3544; Fax: 425-354-3544; megan@sounddietitians.com



PO BOX 5115
LYNNWOOD, WA 98046

PHONE: 425-409-3544
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Patient Written Acknowledgment Confirming Receipt of Privacy Notice

I _____ acknowledge that I have received
(print name)

a copy of Sound Dietitians LLC HIPAA Privacy Practices Notice on this day,

_____.
(date)

(patient/client signature)