

On Your Path Nutrition LLC
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NOTICE OF PRIVACY PRACTICES

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

You may have additional rights under state and local law. Please seek legal counsel from an attorney licensed in your state if you have questions regarding your rights to health care information.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 01/01/2023

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), you have certain rights regarding the use and disclosure of your protected health information (“PHI”).

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting your health information. I create records of the nutrition care and services you receive from me. I need these records to provide you with quality care and to comply with certain legal requirements.

This notice applies to all records of your care generated by this nutrition private practice. It explains the ways in which I may use and disclose your health information, describes your rights regarding the information I keep about you, and outlines my legal obligations related to your health information.

I am required by law to:

- Ensure that PHI that identifies you is kept private
- Provide you with this notice of my legal duties and privacy practices
- Follow the terms of the notice currently in effect

I may change the terms of this Notice at any time, and such changes will apply to all PHI I maintain. The updated Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, and health care operations.

For example:

- I may share PHI with other licensed health care providers involved in your care
- I may consult with other providers to coordinate nutrition-related treatment
- I may use PHI for billing, appointment reminders, documentation, quality improvement, and administrative purposes

Disclosures for treatment purposes are not limited to the minimum necessary standard, as providers may need access to complete information to deliver appropriate care.

Lawsuits and Disputes

If you are involved in a legal proceeding, I may disclose PHI in response to a court or administrative order, subpoena, or lawful process, as permitted by law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Marketing Purposes

I will not use or disclose your PHI for marketing purposes without your written authorization. If I request a testimonial, review, or other feedback that could contain PHI, I will provide a HIPAA authorization form. You may revoke this authorization in writing at any time. I cannot guarantee removal of content copied or reposted by third parties.

Sale of PHI

I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, I may use or disclose PHI without authorization for:

- Appointment reminders and care-related communications
- Public health and safety activities
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Coroners or medical examiners

- Research and quality improvement activities related to nutrition and health services
 - Workers' compensation claims
 - Organ and tissue donation requests
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V. USES AND DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

I may disclose PHI to family members, friends, or others involved in your care or payment for care unless you object. In emergencies, consent may be obtained retroactively when permitted by law.

VI. YOUR RIGHTS REGARDING YOUR PHI

(Your rights section is **largely fine as written** — only minor typos corrected if you want.)

You have the right to:

- Request limits on uses and disclosures
 - Request restrictions for self-pay services
 - Request confidential communications
 - Access and obtain copies of your PHI
 - Request an accounting of disclosures
 - Request corrections to your PHI
 - Receive a paper or electronic copy of this Notice
 - Designate a personal representative
 - Revoke authorizations
 - Opt out of certain communications
 - File a complaint without retaliation
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VII. CHANGES TO THIS NOTICE

I may update this Notice at any time. Updated versions will be available upon request, in my office, and on my website.