

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

Utah Natural Medicine (UNM) respects your privacy and understands that your medical information is personal and sensitive; and we are required by law to keep medical information that identifies you private. This notice explains how we use and disclose your personal information, the choices and rights you have about how your information may be used and disclosed, and our obligations to protect the privacy of your personal health information. When you receive care at UNM we may use your health information for treating you, billing for services, and conducting normal business (“health care operations”). We reserve the right to change our privacy practices and to make such changes apply to all protected health information we maintain.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Your personal health information may be used in the following ways:

- To the extent that we are required to by law.
- For Treatment: to plan, provide, and coordinate you health care services within UNM and with other health care providers.
- To obtain payment for health care services we have provided to you from insurance companies, yourself, or other third-party. We may contact your insurance company to verify your coverage.
- For health care operations.
- To our business associates to provide the service we have contracted them to do in your behalf. We require all business associates to also safeguard your information in accordance with the law.
- 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 products under the jurisdiction of the U.S. FDA; and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- To a health oversight agency charged with overseeing the health care system as authorized by law.
- For law enforcement purposes to law enforcement officials in compliance with and as limited by applicable law.
- To organ procurement organizations for organ, eye, or tissue donation purposes.
- For research purposes when such research has been approved by an institutional review board that has reviewed the research to ensure the privacy of your personal health information, or as otherwise allowed by law.
- To certain government agencies charged with special government functions as limited by applicable law.

- To prevent or lessen a serious threat to any person's or the public's health or safety. In all cases, disclosures will only be made in accordance with applicable law.
- For workman's compensation.
- Unless you object, we may contact you to provide appointment reminders or information about treatment, health benefits or services that may interest you.
- We may also use your information to notify a family member, close friend, or another person responsible for your care, provided that you have the opportunity to object. If you are unable to object, we may disclose this information as necessary if we determine it is in your best interest based upon our professional judgment.

YOUR INDIVIDUAL RIGHTS

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

- Upon request, to access and obtain a copy of your health information maintained by UNM (a processing fee may apply).
- Request, in writing, restrictions on how we use and share your health information. We will consider all requests of restrictions carefully but are NOT required to agree to any restrictions.
- Request that we use a specific contact information to communicate with you.
- Request, in writing, an accounting of certain disclosures of your health information made by UNM. The accounting may include the date, a brief description of the information disclosed, and the person or entity that received the disclosure, and a brief statement of the reason for the disclosure. 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.
- If you feel your rights have been violated, you may file a formal complaint with UNM and/or a written complaint with the Office of Civil Rights of the U.S. Dept. of Health and Human Services. We will investigate all complaints and will not penalize or treat you any differently for filing a complaint.

I hereby acknowledge that I have read and understand Utah Natural Medicine's "Notice of Privacy Practices" and have received and/or been offered a signed copy of them.

Name of Patient or Guardian: _____
(Printed)

Signature of above Person: _____
(Date)

Witness: _____
(Signature) (Date)