

Niña Iselin ND LAc

102 Pleasant St Concord NH / 174 Concord Rd Peterborough NH (603) 827 3971

Notice Of Privacy Practices of Niña Iselin N.D.

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

The Purpose of This Notice

I am committed to protecting healthcare information about you. I am now required by law to maintain the privacy of your personal information and to give you this notice of our privacy practices, my legal duties and your rights concerning your private health information. This notice will become effective on April 14, 2003 and will remain in effect until it is replaced. Niña Iselin ND reserves the right to revise or change this notice at any time. Any such revision will affect information I already have about you and any information I receive in the future. I will post a copy of the current notice in each practice.

Uses and Disclosures of Your Health Information

I use and disclose your personal health information for purposes of treatment, payment and healthcare operations.

The following categories describe the ways that I use and disclose medical information.

Treatment: I may use or disclose your personal health information to a physician or other healthcare provider who is providing treatment to you and although it is not required, I will obtain written authorization from you to disclose your mental health information to other healthcare providers involved in your treatment.

Payment: Your health information may be used or disclosed to determine and remit proper payment for covered services under your health insurance plan.

Healthcare Operations: I may use and disclose health information about you for practice operations. These uses and disclosures are necessary to run the practice and make sure my patients receive quality care. For example, I may use your health information to review our treatment and services and to evaluate the performance of my staff in caring for you. I may remove information that identifies you from a set of health information, so others may use it to study health care and health care delivery without learning whom the specific patients are.

Disclosures Required by Law: Niña Iselin ND may use or disclose your health information when it is required to do so by law. For example, your health information may be disclosed to comply with a court order, an administrative order, a subpoena or other lawful process.

Appointment Reminders: I may use and disclose health information to contact you as a reminder that you have an appointment for treatment or care at our practice.

Follow Up Phone Calls: I may contact you after a physician or provider visit to see how you are feeling and answer any questions.

Treatment Alternatives: I may use or disclose health information to tell you about or recommend possible treatment options or alternatives.

Individuals Involved in Your Care or Payment for Your Care: In an emergency I may use or disclose your health information to notify a family member or other person responsible for your care of your location, general condition or death. I may also use or disclose your health information to an entity assisting in disaster relief to inform your family about your condition. I may also provide health information about you to someone who pays for your care.

Workers' Compensation: I may release healthcare information about you for workers' compensation programs.

Public Health Risks: I may disclose health information about you for public health activities. This might include preventing or controlling disease, to report child or elder abuse or neglect, to report reactions to medications or problems with products, to notify patients or people of recalls.

Health Oversight Activities: We may disclose healthcare information to a health oversight agency for activities authorized and required by law. These oversight activities include audits, investigations, inspections, and licensure. Coroners, Medical Examiners and Funeral Directors: I may release information to a coroner or medical examiner.

Inmates: If you are an inmate or under the custody of a law enforcement organization/official, I may release health information about you to the correctional institution or law enforcement official.

Other Disclosures: Other uses and disclosures of health information not covered by this notice of the laws that apply to me will be made only with your written permission. If you provide me permission to use or disclose healthcare information about you, you may revoke that permission, in writing, at any time. We are unable to take back any disclosures we have already made with your permission.

Your Rights Regarding Health Care Information About You

You have the following rights regarding the personal health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information which Niña Iselin ND maintains. To inspect and copy your health information, please contact me at my office. If you request a copy of information, I may charge a fee for the costs of copying, mailing or other supplies needed to fulfill your request.

Right to Amend: If you feel your health information we have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing and submitted to the practice manager. In addition, you must provide a reason that supports your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that:

_is not part of the health information maintained by Niña Iselin ND

_was not created by Niña Iselin ND unless the person or entity creating the information is no longer available to make the amendment

_is not part of the information you would be permitted to inspect or copy;

_the information you seek to amend is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures” if any such disclosure was made for any purpose other than treatment, payment or healthcare operations. To request an accounting of disclosures, you must submit your request in writing to the Practice Manager. Your request must state a time period which may not be longer than six (6) years and may not include dates prior to April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction on the health information I use or disclose about you for treatment, payment or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care. You may request the restriction in writing to the practice manager. I am not required to agree to a restriction that you may request. If I do agree, I will honor your request unless the restricted health information is needed to provide you with emergency treatment.

Right to Request Confidential Communications: You have the right to request that I communicate with you concerning your health information only in certain ways or certain locations. For example, you may request that we only contact you at work or by email. Any such requests must be made in writing to the practice manager. I will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have a right to a paper copy of this notice. To obtain a copy of this notice, please contact the Practice Manager (Niña Islein ND)

How to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with the Practice Administrator or with the Secretary of the Department of Health & Human Services. The complaint must be in writing. You will not be penalized for filing a complaint.

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Effective date: April 1st 2016

I have hereby received this Notice of Privacy Practices and understand its content:

Signature _____ **Date** _____