

# HIPAA

## NOTICE OF PRIVACY PRACTICES

*Effective Date: MAY 2003*

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Contact person: Nutrition Associates of San Antonio,  
Linda Farr R.D. L.D., 4414 Centerview Drive, Suite 233,  
San Antonio, TX 78228: Phone: 210-735-2402**

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT YOU**

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

<b>Treatment.</b>	<b>Health Care Operations.</b>	<b>As Required By Law.</b>
<b>Research.</b>	<b>Health Risks.</b>	<b>Judicial and Administrative Proceedings.</b>
<b>Business Associates.</b>	<b>Public Health.</b>	<b>Health Oversight Activities.</b>
<b>To Avert a Serious Threat to Health or Safety.</b>		<b>Law Enforcement.</b>
<b>Organ and Tissue Donation.</b>		<b>Special Government Functions.</b>
<b>Worker's Compensation.</b>		<b>Food and Drug Administration.</b>
<b>Coroners, Medical Examiners, and Funeral Directors.</b>		
<b>Correctional Institutions and Other Law Enforcement Custodial Situations.</b>		

**YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES OF YOUR PROTECTED HEALTH INFORMATION, SUCH AS TO RELEASE INFORMATION TO RELATIVES, FRIENDS OR OTHER PERSONS YOU IDENTIFY.**

### **YOU HAVE THE FOLLOWING RIGHTS REGARDING THE PROTECTED HEALTH INFORMATION WE MAINTAIN ABOUT YOU**

- Right to Inspect and Copy.**
- Right to Amend.**
- Right to an Accounting of Disclosures.**
- Right to Request Restrictions.**
- Right to Request Confidential Communications.**
- Right to a Paper Copy of This Notice.**

### **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may file a complaint with the contact person listed above 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.

**Written Acknowledgment  
Confirming Receipt of Privacy Notice**

I have received Nutrition Associates of San Antonio's HIPPA Privacy Notice.

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Client or Guardian Signature

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Date