

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.

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

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.

Client or Guardian Signature

Date