

Notice of Patients' Privacy Rights

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.

Notice of Patients' Privacy Rights

The notice of privacy practices is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you or your legal dependent, as a patient of the Capital Area Medical Nutrition Associates (CAMNA), may be used and disclosed, and how you can access your individually identifiable health information. This notice first went into effect August 1, 2015 and was last modified February 28th, 2023.

Please Review This Notice Carefully.

1. Our commitment to your privacy:

CAMNA Nutrition staff and RD Meiling Assue are dedicated and committed to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality and security of your protected health information. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Patient's Privacy Rights ("Notice") that are in effect at the time.

If a breach of security or privacy occurs at any time, we will promptly notify you.

We will not use or share your information other than as described here unless you allow it in writing. You may revoke your permission at any time in writing.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights in your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice

will be effective for all of your records that our practice has created or maintained in the past and for any of your records that we may create or maintain in the future. In the event of revision, a new copy will be provided to all patients and you may request a copy of our most current Notice at any time.

2. If you have questions about this notice, please contact the Privacy Officer at: **(202) 280-7523, Capital Area Medical Nutrition Associates**

3. The different ways in which we may use and disclose your PHI:

The following categories describe the different ways in which we may use and disclose your PHI:

Treatment. CAMNA Nutrition may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice — including, but not limited to, our doctors and practitioners — may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

Payment. CAMNA Nutrition may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such service costs, such as family members. Also, we may use your PHI to bill you directly for service and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

Healthcare Operations. CAMNA Nutrition may use and disclose your PHI to operate our business. Our practice may use your PHI to evaluate the quality of care you receive from us in order to make improvements, or to conduct cost-management and business planning activities for our practice. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations. This will happen by signing the HIPAA release form that will be kept on file permanently.

Appointment Reminders CAMNA Nutrition may use and disclose your PHI to contact you and remind you of an appointment.

Treatment Options. CAMNA Nutrition may use and disclose your PHI to inform you of potential treatment options or alternatives.

Health-Related Benefits and Services. CAMNA Nutrition may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Release of Information to Family/Friends. CAMNA Nutrition may release your PHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatricians' office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

Disclosures Required by Law. CAMNA Nutrition will use and disclose your PHI when we are required to do so by federal, state, or local law.

4. Use and disclosure of your PHI in certain special circumstances:

The following categories describe unique scenarios in which we may use or disclose your PHI:

Public Health Risks. CAMNA Nutrition may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate governmental agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; or
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. CAMNA Nutrition may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys,

licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.

Lawsuits and Similar Proceedings. CAMNA Nutrition may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- Concerning a death we believe has resulted from criminal conduct;
- Regarding criminal conduct at our offices;
- To identify/locate a suspect, material witness, fugitive, or missing person; and
- In an emergency, to report a crime (including the location or victim[s] of the crime, or the description, identity, or location of the perpetrator).

Deceased Patients. CAMNA Nutrition may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ and Tissue Donation. CAMNA Nutrition may release your PHI as necessary to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research. CAMNA Nutrition may use and disclose your PHI for research purposes in certain limited circumstances. As a covered entity, CAMNA Nutrition is compliant with the standards set-forth under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) with regard to Protected Health Information (PHI). Data will be exported from CAMNA Nutrition HIPAA-compliant password-protected database and saved as a file in Excel, that only CAMNA Nutrition employees or contractors who have been HIPAA trained will have access to data to be used for analysis. The only PHI included in the Excel data file for statistical analysis will be the randomly-generated medical record number that is associated with each patient's medical record at CAMNA Nutrition, and dates that the patient

received nutrition sessions or other tests provided by CAMNA Nutrition. The document that links a patient's identity with this number is only accessible on the password-protected server. No identifiable PHI will be presented in a finalized manuscript. Only individuals involved in this study will have access to the data Excel file. We will obtain written authorization to use your PHI for research purposes except when our Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following:

(i) The use or disclosure involves no more than a minimal risk to your privacy based on the following:

- a. An adequate plan to protect the identifiers from improper use and disclosure;
- b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and
- c. Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.

(ii) The research could not practicably be conducted without the waiver.

(iii) The research could not practicably be conducted without access to and use of the PHI.

Serious Threats to Health or Safety. CAMNA Nutrition may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Confidential Communication. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must submit an electronic request to **Capital Area Medical Nutrition Associates** at info@camnamedus.com specifying the requested method of contact and/or the location where you wish to be contacted. CAMNA Nutrition will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare

operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to: **Capital Area Medical Nutrition Associates at info@camnamedus.com** Your request must describe in a clear and concise fashion:

- The information you wish restricted;
- Whether you are requesting to limit our practice's use, disclosure, or both; and
- To whom you want the limits to apply.

Inspection and Copies. You have the right to inspect and obtain an electronic or paper copy of the PHI that may be used to make decisions about you, including your patient medical records and billing records. You must submit your request in writing to: **Capital Area Medical Nutrition Associates at info@camnamedus.com** in order to inspect and/or obtain a copy of your PHI. Our Practice will charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to:

Capital Area Medical Nutrition Associates info@camnamedus.com. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. We may deny your request if you ask us to amend information that is in our opinion (1) accurate and correct; (2) not part of the PHI kept by or for the practice; (3) not part of the PHI that you would be permitted to inspect and copy; or (4) not created by our practice, unless the individual or entity that created the information is not available to amend the information. If we reject your request, you will be provided with a written answer detailing the rejection within 60 days.

Accounting of Disclosures. All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI. The accounting will include a list of the times we have shared your health information, who we shared it with, and why. To obtain an accounting of disclosures, you must submit your request in writing to: **Capital Area Medical Nutrition Associates info@camnamedus.com**. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before January 1, 2015. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact: **Capital Area Medical Nutrition Associates at info@camnamedus.com**.

Choose Someone to Act for You. If you have given another individual medical power of attorney or if someone is your legal guardian, you can choose that individual to make choices about your health information. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact: Meiling Assue RDN at **Capital Area Medical Nutrition Associates at info@camnamedus.com**. To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: **200 Independence Avenue, S.W., Washington, DC 20201**. You may also call 1-877-696-6775 or visit www.hhs.gov/ocr/privacy/hipaa/complaints. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons

described in the authorization. Please note we are required to retain records of your care. If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy and Security Officer at: **Capital Area Medical Nutrition Associates** at info@camnamedus.com.

CONTACTS

Phone: 202-280-7523

Fax: 202-315-0423

Email: info@camnamedus.com

Hours:

Mon – Thu: 9:00 AM – 5:00 PM

Fri: 9:00 AM – 3:00 PM