

BHRT & Integrative Wellness, LLC
Christine Kallander MSN, ANP, Member

NOTICE OF PRIVACY PRACTICES,

Effective date: March 1, 2013

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

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR OFFICE.

**Mailing address: POB 771071
Eagle River, AK. 99577
Telephone: 907-622-2478
Fax 907-622-2479**

About This Notice

We are required by law to maintain the privacy of Protected Health Information (PHI) and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights and we have certain legal obligations regarding the privacy of your PHI, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What Is Protected Health Information?

PHI is information that individually identifies you and that we create or get from you or from another health care provider, a health plan, your employer, or healthcare clearinghouse and that relates to (1) your past, present, or future physical or mental or health conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your PHI

We may use and disclose your PHI in the following circumstances:

For Treatment. We may use PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice, such as referring or specialist physicians.

For Payment. We may use and disclose PHI so that we can bill for the treatment and services you get from us and collect payment from you, an insurance company, or another third-party. For example, we may need to give information about your treatments to your health plan in order for your health plan to pay for that treatment. We also may tell your health plan about a treatment you are going to receive to find out if your plan will cover the treatment. If a bill is overdue we may need to give PHI to a collection agency to the extent necessary to help collect the bill, and we may disclose an outstanding debt to credit reporting agencies.

For Health Care Operations. We may use and disclose PHI for our healthcare operations. For example, we may use PHI for our general business management activities, for checking on the performance of our staff in caring for you, for our cost management activities, for audits, or to get legal services. We may give PHI to other healthcare entities for their healthcare operations.

Appointment Reminder/Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options and alternatives or healthcare related benefits and services that may be of interest to you.

Minors. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Personal Representative. If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.

Research. We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an Institutional Review Board or a Privacy Board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in the research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclosed a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.

As Required by Law. We will disclose PHI about you when required to do so by international, federal, state, or local statute, regulation or court order.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent or lessen a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent or lessen the threat.

Business Associates. We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All our business associates are obligated, under contract with us, to protect the privacy of your PHI.

Organ and Tissue Donation. If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the Armed Forces, we may release PHI as required by military commander authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers Compensation. We may use or disclose PHI as authorized by and to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illnesses.

Public Health Risks. We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (8) the appropriate government authority if we believe the patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits in Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves if you sue us.

Law Enforcement. We may release PHI if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim or suspected victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in emergency circumstances to report a crime, the

location of the crime or victims, or the identity, description, or location of the person who committed the crime.

National Security. We may release PHI to authorized federal officials for national security activities authorized by law. For example, we may disclose PHI to those officials so they may protect the President.

Coroners, Medical Examiners, and Funeral Directors. We may release PHI to funeral directors as needed and to a coroner or medical examiner, so they can carry out their duties authorized by law.

Uses and Disclosures That Require Us to Give You an Opportunity to Object or Opt out

Individuals Involved in Your Care or Payment for Your Care. We may disclose PHI to a person who is involved in your medical care or helps pay for your care, such as a family member or friend, to the extent it is relevant to that person's involvement in your care or payment related to your care. But before we do that, we will provide you with an opportunity to object to and opt out of such a disclosure whenever we practically can do so.

Disaster Relief. We may disclose PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization Is Required for Other Uses and Disclosures

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to Christine Kallander. But any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general notice of privacy practices may not apply to these kinds of PHI. For example, if we give you a test to determine if you've been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent, unless otherwise required by law.

Your Rights Regarding Your PHI

You have the following rights, subject to certain limitations, regarding your PHI:

Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed health care professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format (known as an electronic health record), you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Noticed of the Security Breach. We are required to notify you by first-class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your unsecured PHI as soon as possible, but in any event, no later than 60 days after we discover the breach. “Unsecured PHI” is PHI that has not been made unusable, unreadable, and/or undecipherable to unauthorized users. This notice will give you the following information:

- A short description of what happened, the date of the breach and the date it was discovered;
- The steps you should take to protect yourself from potential harm from the breach;
- The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- Contact information so you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach in a major print or broadcast media.

Right To Request Amendments. If you feel that PHI, we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing at the address provided at the beginning of this notice and it must tell us the reason for your request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect and copy, or (4) is accurate and complete. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical record, but we may also include a rebuttal statement.

Right to Accounting of Disclosures. You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and healthcare operations purposes, (unless the disclosures were made through an electronic medical record, in which case you have the right to request an accounting of those disclosures that were made during 3 years before your request), (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing. Your request must state a time period, which may not be longer than 6 years before your request. Your request should indicate in what form you would like the accounting. For additional requests within the same period we may charge for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment.

Out-Of-Pocket Payment. If you paid out of pocket in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we will honor that request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time.

How to Exercise Your Rights

To exercise your rights described in this notice, send your request, in writing, to our office at the address listed at the beginning of this notice. We may ask you to fill out a form that we will supply. To get a paper copy of this notice, contact our office by phone or mail.

Changes to This Notice

The effective date of this notice is stated at the beginning. We reserved the right to change this notice. We reserve the right to make the changed notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current notice is posted in our office, and may be posted on our website in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

To file a complaint with us, contact our office at the address listed at the beginning of this notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U. S. Department of Health and Human Services, 200 Independence Ave, S. W., Washington, DC 20201. Call (202) 619-0257 (or toll-free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hippa/, for more information. There will be no retaliation against you for filing a complaint.

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Christine Kallander MSN, ANP, Member

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Patient's Name (Print)

Patient's Signature

Date

Guardian/Personal Representative's Name (Print)

Guardian/Personal Representative's Signature

Date

I have read and understand the above privacy notice and elected not to receive a paper copy at this time.

Signature of Patient

Date

Signature of Witness

Date