

# HIPAA Notice of Privacy Practices

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## DALLAS NUTRITION THERAPY

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### **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.**

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

#### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by your Dietitian, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, organize, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician who has referred you to our services.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, information may be sent to an outsourced biller for insurance or Medicare reimbursement.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of Right Food Choice. These activities include, but are not limited to, quality assessment activities, licensing, conducting or arranging for other business activities. For example, we may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

**Those Involved in Your Care:** We will use good judgment in disclosing PHI to a family member or friend involved in your care or payment related to your care.

**Business Associates:** There are some services provided through contracts with business associates. We may disclose PHI to this business so they can perform the work that we require. For example, we may contract with a company that provides information services for our computer system. To protect your PHI, the business associate must appropriately safeguard your information. We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law; Communicable Diseases; Health Oversight; Abuse or Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates; Required Uses and Disclosures. Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

**Other Permitted and Required Uses and Disclosures** will be made only with your consent, authorization or opportunity to object unless required by law.

**You may revoke this authorization,** at any time, in writing, except to the extent that your physician, dietitian, or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Your Rights:** The following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to PHI. You must submit your request in writing to Right Food Choice and there may be a fee for the costs of copying, mailing, or supplies associated with your request.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice

of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. Your dietitian is not required to agree to a restriction that you may request. If the dietitian believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in a certain way or at a certain location. You must submit your request for confidential communications in writing. We will honor reasonable requests.

**You may have the right to have your dietitian amend your protected health information.**

You must submit your request along with the reason for the amendment in writing to Samira Amlani RD, LD, . If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

**You have the right to a paper copy of this notice:** You have the right to obtain a paper copy of this notice from us, upon request, at any time even if you have agreed to accept this notice alternatively (i.e. electronically). To obtain a paper copy of this notice, contact our Privacy Officer. We reserve the right to change the terms of this notice and apply any changes to all PHI that we maintain and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. You may file a complaint with us by notifying our privacy contact of your complaint.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. Please sign below to verify that you have read the above information and have been provided with a copy of the same.

**Name of the Patient:**\_\_\_\_\_ **DOB:**\_\_\_\_\_

**Patient Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_