



Notice of Privacy Practices

This notice describes your right to the privacy of your medical records, the choices you can make regarding your medical records, how My ND Integrative Health uses this information, circumstances that necessitate the disclosure of private health information, and how you can obtain access to your medical records.

Your Rights Regarding Your Protected Health Information:

Except as described in this Notice of Privacy Practices, My ND Integrative Health, consistent with its legal obligations, will not use or disclose health information which identifies you without your written consent. If you do not authorize our practice to use or disclose your health information for another purpose, you may revoke your authorization at any time.

My ND Integrative Health will share protected health information as necessary in order to carry out treatment, payment, and health care operations as permitted by law. We are required to abide by the terms of this notice as long as it remains in effect. We reserve the right to change the terms of this notice as necessary.

A copy of this Notice of Privacy Practices may be obtained by mailing a request to the Privacy Officer at the address below:

**Marie Winters ND
My ND Integrative Health
1901 South 9th Street
Office 508
Philadelphia, PA 19148**

My ND Integrative Health is required to notify you in the event of a breach of your protected health information.

Your Choices Regarding Your Protected Health Information:

1. You can request that My ND Integrative Health communicates with you about your health and related issues in a particular manner or at a certain location. For instance, you may request we contact you at home rather than work, or on your cell phone rather than your home phone. We will accommodate reasonable requests.



2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care options. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your services rendered. If we agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary in your care.
3. You may choose to inspect and obtain a copy of the health information that may be used to make decisions about you, including medical records and billing records. You must submit your request in writing to the address above.
4. You may ask My ND Integrative Health to amend information if you believe it is incorrect or incomplete as long as the information is kept by or for our practice. To request an amendment, please make your request in writing to the address above. Please note, My ND Integrative Health may refuse to make these changes if we feel the information is complete and accurate.
5. You can request to receive a copy of this notice of privacy practices. You may ask us for a copy at any time. This request can be made in person, in writing, or by telephone.
6. If you believe your rights have been violated, you may file a complaint with My ND Integrative Health or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to the address above. You will never be penalized for filing a complaint.

Our Use of Your Protected Health Information:

My ND Integrative Health will never sell your protected health information. We may use your health information for the following reasons:

1. To provide naturopathic medical care. We may disclose medical information about you to others involved in providing the care you need. This could include other medical providers or family members involved in your care. You can always ask to limit dissemination of this information.
2. To obtain payment for the services we provide.
3. To help review and improve the quality of naturopathic medical care we provide. This may include medical reviews, legal audits, fraud and abuse detection, business planning and management, and compliance programs.



4. To help support business operations. We may share medical information about you with business associates such as billing services and administrative assistants. We will hold written contracts with all business associates requiring them to protect the confidentiality and security of your protected health information.
5. To help with quality assessment, patient safety, efforts to improve health or reduce cost, protocol development, case management, care coordination, review of healthcare professionals, training programs, accreditation, certification, licensing, compliance efforts, and fraud and abuse detection. For these purposes, we may share your information with other healthcare providers, healthcare clearinghouses, or health plans you have a relationship with.
6. To contact you and remind you about appointments. If you are not home, we may leave this information on your voicemail or in a message left with the person answering the phone.
7. To disclose health information to your family member, your personal representative, or another person responsible for your care about your location, general condition, or in the event of your death, unless you have instructed us otherwise. If you are able and available to object, we will give you the opportunity prior to making these disclosures.
8. To give you information about products or services related to your care, or to recommend other treatments, therapies, or healthcare providers that may be of interest to you. We will not disclose your health information for marketing purposes without your prior written authorization.

Circumstances Necessitating Disclosure of Your Protected Health Information:

1. By request of public health authorities or health oversight agencies authorized by law to collect information related to preventing or controlling disease, injury, or disability, reporting to the Food and Drug Administration problems with products or related to medications, and reporting disease or infection exposure.
2. In response to a court or administrative order regarding a lawsuit or other judicial proceeding to the extent authorized by a court or administrative order. We may also disclose information about you in request to a subpoena, discovery request, or other lawful process.
3. If required to do so when the law requires us to report child, elder, or dependant adult abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products or related to medications abuse, neglect, domestic



violence, respond to judicial or administrative proceedings, or to law enforcement officials. We will limit the disclosure to the relevant requirements of the law.

4. 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. We will only make disclosures to people or organizations able to help prevent the threat.
5. When necessary to identify or locate a suspect, fugitive, material witness, or missing person, or to comply with a court order, warrant, grand jury subpoena, or for other law enforcement purposes.
6. If necessary, as is often required by law, in the course of determining the cause of death we will provide you health information to a coroner.
7. During the course of audits, investigations, inspection, licensure, and other proceedings, subject to limitations of the law.
8. When disclosure of health information is necessary to organizations involved in procuring, banking, or transplanting organs and tissues.
9. If you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.
10. For federal intelligence and national security activities authorized by law.
11. To correctional institutions or law enforcement officials, if you are an inmate or under custody of a law enforcement official.
12. For Workers Compensation or other similar programs or claims.
13. In the event this medical practice is sold or merged with another organization, your health information will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another medical provider.



How to Obtain Access to Your Protected Health Information:

Patients who wish to have their medical records released to them should complete a medical release form, listing their name and contact information in the "Send Information To" section, and send that to:

**Marie Winters ND
My ND Integrative Health
1901 South 9th Street
Office 508
Philadelphia, PA 19148**

For Complaints About Handling Your Protected Health Information:

Complaints about this Notice of Privacy Practices, or how My ND Integrative Health handles your health information should be directed to the Privacy Officer listed at the top of this notice.

If you are not satisfied with the manner in which this office handles the complaint, you may submit a formal complaint through the website of the [US Department of Health and Human Services Office for Civil Rights](#).