

Privacy Rule of Patient Consent Agreement

Consent to the Use and Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.506(a))

I understand that:

- I have the right to review this Practice's Notice of Information practices prior to signing this consent;
- that this Practice reserves the right to change the notice and practices and that prior to implementation will mail a copy of any notice to the address I've provided, if requested;
- I have the right to object to the use of my health information for directory purposes;
- I have the right to request restrictions as to how my Protected Health Information may be used or disclosed to carry out treatment, payment, or healthcare operations, and that this Practice is not required by law to agree to the restrictions requested;
- I may revoke this consent in writing at any time, except to the extent that this Practice has already taken action in reliance thereon.

Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your personal health information ("PHI") is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we prepared this explanation of how we are to maintain the privacy of your health information and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and healthcare operations.

- Treatment means providing, coordinating, or managing health care or related services by one or more healthcare providers. An example of this is a primary care doctor referring you to a specialist doctor.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review. An example of this would include sending your insurance company a bill for your visit and/or verifying coverage prior to starting therapy.
- Healthcare Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service. An example would be new patient survey cards.

The practice may also be required or permitted to disclose your PHI for law enforcement and other legitimate reasons. In all situations, we shall do our best to assure its continued confidentiality to the extent possible. We may also create and distribute de-identified health information by removing all reference to individually identifiable information. We may contact you, by phone, text message, email, or in writing, to provide appointment reminders or about your account. You do have the right to "opt out" with respect to receiving text and email communications from us.

The following use and disclosures of PHI will only be made pursuant to us receiving a written authorization from you:

- Most uses and disclosure of psychotherapy notes;
- Uses and disclosure of your PHI for marketing purposes, including subsidized treatment and health care operations;
- Disclosures that constitute a sale of PHI under HIPAA; and
- Other uses and disclosures not described in this notice.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your prior authorization.

You may have the following rights with respect to your PHI:

- The right to request restrictions on certain uses and disclosures of PHI, including those related disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed.

Exceptions to confidentiality

There is no guarantee of confidentiality under the following conditions:

- If your provider suspects you/your child are/is in imminent danger of harm to self or others, or a child or elderly person is being abused or neglected (as he/she is a mandated reporter)
- If a court orders a release of information
- If you initiate a malpractice lawsuit, or a billing dispute with a financial institution
- If your insurance company requests to review your/your child's case
- If you pay by credit card, my name will appear on your credit card statement
- If you do not pay your bill, your balance due statement (including diagnostic and procedural codes) may be sent to a collections agency or other responsible party

- Communications between Washington Nutrition & Counseling Group and business software vendors or other third parties with which we are contracted to provide billing, technological, or administrative services.
- Between your provider and administrative staff, or colleagues with whom your provider consults professionally

This notice is effective as of date below and it is my intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. I reserve the right to change the terms of my Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. I will post and you may request a written copy of the revised Notice of Privacy Practice from my office. You have recourse if you feel that your protections have been violated by my office. You have the right to file a formal, written complaint with this office and with the Department of Health and Human Services, Office of Civil Rights. I will not retaliate against you for filing a complaint.

Feel free to contact Washington Nutrition & Counseling Group for more information, in person or in writing.

44031 Pipeline Plaza, Suite 210
Ashburn, VA 20147

Phone (703) 552-2722

[RequiredSignature]

Signature of Patient or Legal Representative Witness:

Patient Name: [PatientName]