



Personalized Nutrition For The Whole You

SIMPLICITY NUTRITION

HIPAA STATEMENT OF PRIVACY



STATEMENT OF PRIVACY PRACTICES

SIMPLICITY NUTRITION, Inc. is dedicated to protect the privacy rights of our clients and the confidential information entrusted to us. The commitment of SIMPLICITY NUTRITION, Inc. is to ensure that your health information is never compromised is a principal concept of our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that might affect your rights.

PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION

SIMPLICITY NUTRITION, Inc. will use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Washington (HIPAA). This includes issues relating to your treatment, payment and our medical operations. Your personal health information will never be otherwise given to anyone – even family members – without your written consent. You, of course, may give written authorization for SIMPLICITY NUTRITION, Inc. to disclose your information to anyone you choose, for any purpose. Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. SIMPLICITY NUTRITION, Inc.'s privacy policy and practices apply to all former, current and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

COLLECTION PROTECTED HEALTH INFORMATION

SIMPLICITY NUTRITION, Inc. will only request personal information needed to provide our standard of quality integrative medical care, implement payment activities, conduct normal medical practice operations and comply with the law. This may include your name, address, telephone numbers, social security number, employment data, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

SIGNATURE _____

DATE _____



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DISCLOSURE OF OUR PROTECTED HEALTH INFORMATION

As stated above, SIMPLICITY NUTRITION, Inc. may disclose information as required by law. We are obligated to provide information to law enforcement and governmental officials under certain circumstances. SIMPLICITY NUTRITION, Inc. will not use your information for marketing purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines and emails.

PATIENT RIGHTS

You have a right to request copies of your health care information; to request copies in a variety of formats; and to request a list of instances in which staff or business associates of SIMPLICITY NUTRITION, Inc. have disclosed your protected information for uses other than stated above. All such requests must be in writing. SIMPLICITY NUTRITION, Inc. may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the U.S. Department of Health and Human Services.

We value you for being a client at SIMPLICITY NUTRITION, Inc. Please let us know if you have any questions concerning your privacy rights and the protection of your personal health information.

SIGNATURE _____

DATE _____

In Health,

SIMPLICITY NUTRITION, INC.

425-445-3816

Snoqualmie, WA

Seattle, WA