

Dr. Sangeeta Nutrition
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NOTICE OF PRIVACY PRACTICES

As this notice describes how medical information about you may be used and disclosed, as well as how you may obtain access to such information, please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal Program. It requires that all medical records and other individually identifiable health information used or disclosed by **Dr. Sangeeta Nutrition** in any form (whether electronically, on paper, or orally) are kept properly confidential. This Act gives you, the patient, new rights to understand and control how your health information is used.

HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, **Dr. Sangeeta Nutrition** has prepared this explanation of how **Dr. Sangeeta Nutrition** is required to maintain the privacy of your health information and how **Dr. Sangeeta Nutrition** may use and disclose your health information.

Dr. Sangeeta Nutrition may use and disclose your medical records only for the following purposes: treatment, payment, and healthcare operations.

“Treatment” means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this would include a physical examination. “Payment” means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. “Health Care Operations” include the business aspects of running the practice of

Dr. Sangeeta Nutrition such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality-assessment review.

Dr. Sangeeta Nutrition may create and distribute de-identified health information by removing all references to individually identifiable information. **Dr. Sangeeta Nutrition** may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, which may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and **Dr. Sangeeta Nutrition** is required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to **Dr. Sangeeta Nutrition**

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. **Dr. Sangeeta Nutrition** is not however, not required to agree to a requested restriction. If **Dr. Sangeeta Nutrition** does agree to a restriction **Dr. Sangeeta Nutrition** must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communication of protected health information from **Dr. Sangeeta Nutrition** by alternative means or at alternative locations.

The right to inspect and copy your protected health information.

The right to amend your protected health information.

The right to receive an accounting of disclosures of protected health information.

The right to obtain a paper copy of this notice from us upon request.

Dr. Sangeeta Nutrition is required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of 1/8/20 and **Dr. Sangeeta Nutrition** is required to abide by the terms of the Notice of Privacy Practices currently in effect.

Dr. Sangeeta Nutrition reserves the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post, and you may request a written copy of a revised Notice of Privacy Practices from this office. You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. Please feel free to contact us for more information. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES OF
Dr. Sangeeta Nutrition**

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Printed Patient Name: _____

Patient Signature: _____ Date: _____
(Parent or legal guardian must sign if patient is under 18 years of age.)