

Foundations Natural Health - Melanie Trowbridge, ND, EAMP

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Effective Date 12/03/2022

Notice of Privacy Practices

Foundations Natural Health respects and maintains the privacy of your medical information as required by law. According to current federal regulation we are required to notify you of our legal duties and privacy practices regarding your medical information, and abide by the practices of this Notice, unless more stringent laws or regulations apply.

Who will follow this notice:

This Notice describes this organization's practices and those of:

- Any authorized healthcare professional who enters information into your record.
- Any credentialed member of the medical staff at Foundations Natural Health.
- All employees, staff, and other personnel.
- Any volunteer or student that we allow to assist you while you are a patient.

This Notice of Privacy Practices provides information about how your medical information may be used and disclosed with or without authorization as well as more information about your specific rights with respect to your medical information.

Medical Information Disclosures that we may make without your authorization

Treatment: Your information may be shared with other providers with whom you use for healthcare services. This includes coordination of care and providing referrals to other providers. Examples of healthcare providers who may need your information to treat you include your doctor, pharmacist, and other providers. We may also use your information to contact you for appointments. We may share your information electronically with your health care providers in order to make sure they have your information as quickly as possible to treat you. We will use the utmost care in any situation where we need to disclose your information electronically.

We may also share your medical information with any family member or friend who is involved in assisting with your healthcare. We will only do this if you agree, and will only share with them the information they need in order to help you. If you are unable to either agree or object to such a disclosure, we may disclose your healthcare information as necessary if we determine that it is in your best interest based on our professional judgment.

Payment: This may include your insurance company. Your insurance company or health plan may need your information for activities such as determining eligibility for coverage, or reviewing the medical necessity of the healthcare services provided.

Healthcare Operations: Your medical information may be used by us in order to support the business activities of our practice and to ensure that quality healthcare services are being provided. Some of the activities which would be part of our operations would be quality assessment activity, training of medical personnel, licensure and accreditation, data aggregation and audits by regulatory agencies.

Protected Health Information may be shared with third parties who perform services such as transcription, EMR HIPAA compliant software, or billing. In such cases we have written agreements with the third parties that they will not use or disclose your information for any other purposes, except as required by law.

Other Disclosures that May be Made Without Your Authorization

As required by law or for public health and safety purposes. Those include:

Required by Law: In the event of such an occurrence, we will comply with the law and disclose only the information necessary. You will be notified, as required by law, of any such uses or disclosures.

Public Health: Public health authorities are authorized to collect or receive certain information for purposes such as controlling disease, injury or disability.

Incidental Disclosures: Certain incidental disclosures of your healthcare information may occur as a by-product of lawful and permitted use and disclosures of your healthcare information. These incidental disclosures are permitted if we apply reasonable safeguards to protect the confidentiality of your healthcare information.

Communicable Diseases: As required by law to do so, we may disclose your medical information to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease or condition.

Health Oversight: Health oversight agencies are authorized to have access to medical information maintained by us for activities such as audits, investigations, and inspections. Agencies with this authority include government agencies that oversee the healthcare system, government benefit programs, government regulatory programs and civil rights laws.

Abuse or Neglect: Medical information may be disclosed to a public health authority that is authorized by law to receive reports of abuse or neglect. We may also disclose your protected health information to the authorized government agency if we believe that you have been a victim of abuse, neglect or domestic violence. Such disclosures will be made consistent with state and federal law.

Food and Drug Administration: In the event of reporting adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements, we may disclose your medical information to a person or agency required by the Food and Drug Administration.

Legal Proceedings: As required to by a court or administrative order to do so for an administrative or judicial proceeding, or in some cases in response to a subpoena, discovery request or other legal process.

Law Enforcement: We may disclose your medical information for law enforcement purposes, so long as legal requirements are met.

Criminal Activity: As required by state and federal laws, we may disclose your medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or of the public. We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: The medical information of Armed Forces personnel may be disclosed if (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. Your medical information may also be disclosed to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your medical information may be released as necessary to comply with workers' compensation laws.

Ways in which your medical information will be used and disclosed with authorization

Unless it is permitted by law, other uses of your medical information will only occur with authorization. You have the right to revoke the authorization at any time in writing, except to the extent that we have already taken an action in reliance on the use or disclosure indicated in the authorization.

If you need for us to share your medical information with someone for purposes other than those listed here, you should inform us and fill out an authorization form.

Your Rights

The following information describes your rights with respect to your medical information as maintained by Foundations Natural Health.

Right to this Notice: You have the right to a paper copy of this notice and may ask us at any time.

Right to Request Restrictions: You have the right to ask us to place restrictions on the way we use or disclose your medical information for treatment, payment, or healthcare operations. Our agreement to this request is not required, but if we agree to a restriction, we will not use or disclose your medical information in violation of that restriction, unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you. For more information you may contact the Foundations Natural Health Compliance / Safety Officer, Melanie Trowbridge, ND, EAMP.

Confidential Communications: We will accommodate reasonable requests to communicate with you about your medical information by different methods or alternative locations if feasible and a request is attained in writing.

Access to Your Medical Information: You have the right to receive a copy of your medical information that we maintain, with limited exceptions. We ask that you request those records in writing and provide us with information about the specific documentation you need so that we can fulfill your request. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies.

Amendment of Your Medical Information: You have the right to ask us to change any of your medical information. This request must be in writing and submitted to Melanie Trowbridge, ND, EAMP. In certain situations we may have to deny your request, such as when the medical information in your records was created by another provider. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement. For more information about this process, contact us by phone (425) 647-4249 or by email: Melanie@FoundationsNatural.com

Accounting of Certain Disclosures: You have a right to a listing of the disclosures we make of your medical information, except for those disclosures made for treatment, payment, or healthcare operations, or those disclosures made according to your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates. If you would like to receive an accounting of your disclosures, contact us by phone (425) 647-4249 or by email: Melanie@FoundationsNatural.com

Questions and Complaints

If you are concerned that any of your privacy rights have been violated, please contact us by phone (425) 647-4249 or by email: Melanie@FoundationsNatural.com

You may also complain to the Secretary of Health and Human Services at:

Office for Civil Rights

U.S. Department of Health and Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Changes to Privacy Practices

Foundations Natural Health reserves the right to change its privacy practices and its Notice of Privacy Practices at any time. The new notice will be effective for any medical information we create or maintain at the date of the change. You may request a copy of our updated privacy policy at any time.