



Notice of Private Practices

The privacy of your medical information is important to us and we are committed to protecting it. This notice describes how information about you may be used and disclosed, as well as, how you can get access to this information. Please read this information carefully.

Disclosure of your protected health information without authorization is strictly limited to defined situations. These include emergency care, quality assurance activities, public health, research and law enforcement activities. Any other disclosures for the purposes of treatment, or practice operations will be made only after obtaining your consent. You may request restrictions on disclosures.

Disclosures of protected health information are limited to the minimum necessary for the purpose of the disclosure. This provision does not apply to the transfer of medical records for treatment.

You may inspect and receive copies of your records within 30 days of a written request to do so. There may be a reasonable cost-based fee for photocopying, postage and preparation.

You may request changes to your records. Our practice has the right to accept or deny your request.

In the future, we may contact you for appointment reminders, announcements, to inform you about our practice & some of the latest nutrition news. Our practice is required to abide by this notice. We have the right to change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.

Your business and our relationship are important and is a vital component of our personal and health consulting relationship. Although not required, it is likely that you will be sharing personal information, at your discretion, openly and honestly in your initial well-being questionnaire and during our consulting sessions. I take your personal information seriously and assure you of my complete discretion and treatment of this information as completely confidential as permissible by law. I will only release information about our work together with your written and/or expressed permission. To the maximum extent allowable by law, I will not release any identifying information about you or our work together without your express permission. Mentors with whom I periodically seek consultations with may be provided with anonymous, non-referenced information (for the purpose of allowing me to develop more effective consulting strategies and support). All such communication is also subject to these confidentiality parameters.

I, _____ hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signed: _____ Date: _____