



Certified Nutrition Consultant

410 707 1691 carazaller.com www.carazaller.com

7148 Morning Light Trail
Columbia, MD 21044
C 410-707-1691
www.carazaller.com

HIPAA Notice of Privacy Practices

HIPAA (the Health Insurance Portability & Accountability Act of 1996) was passed to provide rules for how medical care providers might use your Protected Health Information (PHI). It also provides you with certain rights pertaining to that information. As a provider of healthcare services, FUEL4U, LLC (NHC) fully complies with all HIPAA regulations. These regulations require that FUEL4U, LLC provides you with the **HIPAA Notice of Privacy Practices**, which is reproduced below.

Please sign below to acknowledge receipt of this information, and return this form to us at the time of your first visit. Thank you.

I have received the HIPAA Notice of Privacy Practices information from FUEL4U, LLC.

Print Name: _____

Signature: _____ Date: _____

This notice describes how medical information about you may be used and disclosed as per HIPAA regulations, and describes your rights regarding access to this information. Please review it carefully.

This Notice of Privacy Practices describes how FUEL4U, LLC may use and disclose your Protected Health Information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, acknowledge referrals and any other use required by law.

Treatment: FUEL4U, LLC will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, FUEL4U, LLC would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: FUEL4U, LLC may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, FUEL4U, LLC may disclose your protected health information to medical school students that see patients at our office. In addition, FUEL4U, LLC may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. FUEL4U, LLC may also call you by name in the waiting room when your physician is ready to see you. FUEL4U, LLC may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

FUEL4U, LLC may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law; Public Health issues as required by law; Communicable Diseases; Health Oversight; Abuse or

Neglect; Food and Drug Administration requirements; Legal Proceedings; Law Enforcement; Coroners, Funeral Directors, and Organ Donation; Research; Criminal Activity; Military Activity and National Security; Workers' Compensation; Inmates Required Uses and Disclosures. Under the law, FUEL4U, LLC must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 of HIPAA.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

Following is a statement of your rights with respect to your protected health information.

1. **You have the right to inspect and copy your protected health information.** Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.
2. **You have the right to request a restriction of your protected health information.** This means you may ask FUEL4U, LLC not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

3. **You have the right to request to receive confidential communications from FUEL4U, LLC by alternative means or at an alternative location.**
4. **You have the right to obtain a paper copy of this notice from FUEL4U, LLC, upon request, even if you have agreed to accept this notice alternatively (i.e., electronically.)**
5. **You may have the right to have your physician amend your protected health information.** If FUEL4U, LLC denies your request for amendment, you have the right to file a statement of disagreement with us and FUEL4U, LLC may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
6. **You have the right to receive an accounting of certain disclosures FUEL4U, LLC has made, if any, of your protected health information.**

FUEL4U, LLC reserves the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to FUEL4U, LLC or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with FUEL4U, LLC by notifying FUEL4U, LLC's HIPAA Compliance Officer of your complaint. FUEL4U, LLC will not retaliate against you for filing a complaint.

FUEL4U, LLC is required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections please ask to speak with FUEL4U, LLC's HIPAA Compliance Officer in person or by phone at 410-707-1691.

I have received the HIPAA Notice of Privacy Practices information from FUEL4U, LLC.

Print Name: _____

Signature: _____ Date: _____