

## **JUNCTION NATUROPATHIC MEDICINE NOTICE OF PATIENT PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you get access to this information.

Please read carefully.

If you have any questions about this notice please contact:

**Dr. Jeana Kimball, Privacy Officer**

Junction Naturopathic Medicine

4302 SW Alaska St., Suite 200

Seattle, WA 98116

Phone: 206-937-6747

Fax: 206-905-0696

This summary discloses how health information about you may be used. A full notice of your privacy right is available upon request.

Please note that this policy is in effect April 1, 2016 until at any point it is amended and a newer version is created, at which point we will mail our patients an updated privacy practices notice.

To our patients: This notice describes how health information about you, as a patient of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **Our Commitment to Your Privacy**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information and it is important that you review the following information:

### **Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose you health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials, if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

## **Your Rights Regarding Your Health Information**

1. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have a right to request that we restrict our disclosure of your health information only certain individuals involved in your care or for the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to: Junction Naturopathic Medicine, Suite #200, 4302 SW Alaska St., Seattle, WA 98116.  
(We will charge you a reasonable copy charge of \$23.00 plus \$1.04 per page for the first 30 pages the \$.79 per each additional page).
4. Note: We must respond to the above request within 30 days.
5. You may ask us to amend your health information if you believe it is incorrect. Your request must be made in writing and submitted to our business address listed above. You must provide us with a reason that supports your request for amendment. Note: We must respond within 60 days. The patient's doctor will usually do this. If the doctor believes the information is complete and accurate, the doctor can refuse to make any changes.
6. You are entitled to receive a copy of this Notice of Privacy Practices. To obtain a copy of this notice, contact the front desk receptionist/office manager.
7. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, you must submit in writing to Dr. Jeana Kimball. You will not be retaliated against or penalized for filing a complaint.
8. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.