

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION HIPAA COMPLIANCE

The following is A SUMMARY of Greenhouse Naturopathic Medicine's (GNM) privacy policy ("Privacy Policy") as described in the Health Insurance Portability and Accountability Act of 1996, commonly known as HIPAA. HIPAA requires **GNM** by law to maintain the privacy of your personal health information and to provide you with notice of **GNM's** legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

Your Personal Health Information

We collect personal health information (PHI) from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your PHI that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects PHI that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that PHI.

Uses or Disclosure of Your Personal Health Information

Generally, we may not use or disclose your personal health information without your permission.

Without Your Consent

Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your PHI within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to provide those services or complete those activities.

We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

All Other Situations, With Your Specific Authorization

Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. Once your permission has been obtained, we must use or disclose your personal health information in accordance with the uses you gave permission for.

Miscellaneous Activities, Notice

We may contact you to provide appointment reminders or information about treatment alternative or other health-related benefits and services that may be of interest to you.

Your Right With Respect to Your Personal Health Information

Under HIPAA, you have certain rights with respect to your personal health information.

Right to Request Restrictions On Use or Disclosure

Right to Receive Confidential Communications

Right to Inspect and Copy Your Personal Health Information

Right to Amend Your Personal Health Information

Right to Receive An Accounting of Disclosure of Your Personal Health Information

Complaints

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated.

Amendments to this Privacy Policy

We reserve the right to revise or amend this Privacy Policy at any time as required by law.

FOR A COPY OF GNM'S COMPLETE PRIVACY POLICY PLEASE ASK AT THE FRONT DESK.