

Notice of Privacy Policies

Our Pledge to You:

Evergreen Natural Health Clinic (ENHC) will ask you to sign your initial intake form and this acts as an acknowledgement that you have received this Notice of Privacy Policies. This notice describes how ENHC may use and disclose your protected health information (PHI) in accordance with the HIPAA Privacy Rule. It also describes your rights and ENHC's duties with respect to PHI about you.

Section A: Uses and Disclosures of PHI

1. Treatment-If you choose to sign a records release we will share information with your other healthcare providers to better coordinate treatment such as lab work, medications, and other appointments. The information shared may be verbal, written, electronic, or received via facsimile.
2. Permitted or Required Uses and Disclosures-Our staff may disclose your PHI to a person you identify as being involved in your healthcare. This includes allowing such persons to pick up supplements, supplies, or medical records on your behalf.
3. Under certain circumstances ENHC may be required to disclose PHI as requested or permitted by federal or state laws. These include but are not limited to:
 - To the Food and Drug Administration (FDA) relation to adverse events regarding supplements and other health products or for post-marketing surveillance to enable product recalls.
 - To public health or legal authorities charged with preventing or controlling disease, injury or disability.
 - To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.
 - To health oversight agencies (e.g. licensing boards) for activities authorized by law such as audits, investigations and inspections necessary for ENHC's licensure and for monitoring the health care system.
 - In response to a court order, administrative order, subpoena, discovery request or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health information.
 - As authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by the law.
 - Whenever required to do so by law.
 - To a Coroner or Medical Examiner when necessary. Examples include: identifying a deceased person or to determine a cause of death.
 - To Funeral Directors to carry out their duties.
 - To organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
 - To notify or assist in notifying a family member, personal representative or another person responsible for the patient's care of the patient's location or general condition.
 - To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others.
 - When necessary to prevent a serious threat to the patient's health and safety of the public or another person.
 - As required by military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel.
 - To authorized officials for intelligence, counterintelligence and other national security activities authorized by law.

- To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.
 - To a government authority, such as social service or protective services agency, if ENHC reasonably believes the patient to be a victim of abuse, neglect or domestic violence but only to the extent required by law, if the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient.
4. Authorized Use and Disclosure-Use and disclosure other than those previously listed or as permitted or required by law, will not be made unless we obtain your written Authorization in advance. You may revoke any such Authorization in writing at any time. Upon receipt of a revocation, we will cease using or disclosing PHI about you unless we have already taken action based on your Authorization.

Section B: Patient's Rights

1. Restriction Requests- you have the right to request a restriction be placed on the use and disclosure of your PHI for purposes of carrying out treatment or payment. This can include limitations on which persons may be considered personal representatives. Requests for restrictions or termination of restrictions must be submitted in writing to the Privacy Officer listed in section D.
2. Alternative Means of Communication- you have a right to receive confidential communications of PHI by alternative methods or alternative locations upon reasonable request. Examples of this may be sending information to a phone or mailing address other than your home. Requests must be submitted in writing to the Privacy Officer listed in section D.
3. Access to Health Information- you have the right to inspect and copy your PHI. This designated record set will usually include notes from your visit and the recommendations made at that visit for as long as we maintain your records. You may request your PHI electronically through written request submitted to the Privacy Officer in section D. Costs will apply if the record is over 10 pages in length and shall be paid prior to granting your request.
4. Amendments to Health Information-If you believe that your PHI is incomplete or incorrect, you may request an amendment to your records for as long as we maintain your records. Requests must be submitted in writing to the Privacy Officer in section D and must include a reason that supports the amendment to your health information. ENHC may add a rebuttal to your amendment.
5. Notice of Privacy Practices- you have the right to receive a paper copy of this notice.

Section C: Evergreen Natural Health Clinic's Duties-ENHC is required by law to maintain the privacy of PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. ENHC is required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Any such revised notice will be made available upon request.

Section D: Contact Information- If you have additional questions about this notice or how ENHC uses and discloses your PHI please contact our Privacy Officer Dr. Faye Johnson ND, LAC, Evergreen Natural Health Clinic 1033 Basin Avenue, Suite A, Bismarck, ND 58504. Secretary of Health and Human Services, Office of Civil Rights for online complaint forms <http://www.hhs.gov/ocr/privacy/index.html>