

Jan Gagnon, N.D.  
12503 SE Mill Plain Blvd. Ste.215A  
Vancouver, WA 98684

Notice of Privacy Practices  
HIPAA Privacy Officer: Jan Gagnon, ND

Please carefully review this notice. It explains how medical information about you may be used and disclosed, as well as how you can access such information.

We are committed to protecting the privacy of your personal medical information. We keep a record of the care and services you receive to provide you with quality care, and meet legal requirements.

According to the federal Health Insurance Portability and Accountability Act (HIPAA) medical offices must conform to certain standards with regard to confidentiality of Protected Health Information (PHI), and patients are subject to certain related rights. We are required to give you notice of our Privacy Practices, and your related rights, as well as follow the terms of our notice. We can change our practices, and the terms of this notice at any time, and if we do so, we will change the notice and make it available upon request.

Use and Disclosure of Medical Information as it pertains to Treatment, Payment, and Health Care Operation:

Treatment: We may use medical information about you in providing and managing your care, and in coordinating your care with other health care providers, when necessary. For example, we may communicate with another health care practitioner regarding a referral.

Payment: We may use and disclose your Protected Health Information to enable us to bill and collect payment for the treatment we provide you.

For instance, we may give information to your insurance company to bill or verify your coverage, or a billing company, or if necessary, a collection agency.

Health Care Operations: We may use and disclose your health information for administrative activities necessary to health care services, to conduct quality improvement, auditing, and accounting, and to provide customer service.

Related to Treatment, Payment, or Health Care Operations, we may contact you or your answering device at home or work or on your cell phone, by telephone, mail or email to leave you messages regarding appointments, information from the doctor, test results, or pick-up of items such as medications, supplies, or payment related information. Unless you request otherwise, we may also communicate with a family member, friend or other personal representative to the extent necessary

to help with your healthcare or payment.

Except in an emergency, or as required by law, we will not use or disclose your medical information in any other way without your specific written authorization. In addition, at any time, you can revoke any specific written authorization you have given us, by doing so in writing to the address above. Your request will be honored to the extent legally possible, except for disclosure already made based on the authorization being revoked.

Legal process may demand that this office comply with certain requirements regarding the disclosure of personal health information, for example in the instance of court order or subpoena, or some other legal matter. Also, law requires that reports be made to proper authorities in case of suspected abuse, neglect or if a patient is a danger to him/herself or another person, and for certain communicable diseases or epidemic conditions. We may also disclose information when required by law for national security or related purposes, to the military, or to correctional or law enforcement facilities having custody of a patient.

#### Patient Rights

With regard to your Protected Health Information (PHI), you have the following rights:

To ask for restrictions on the use and disclosure of your Protected Health Information, including to any person(s) that you identify.

To request that we communicate with you about your Protected Health Information via alternative means or locations. (Your request must be in writing.)

To review and copy your Protected Health Information by means of filling out a Records Release Authorization Form. A fee may be charged for copies and staff time.

To ask to amend your Protected Health Information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

To receive a paper copy of this notice.

If you have questions or concerns, please share them with us.

If you are concerned that we may have violated your privacy rights, or disagree with a decision we have made regarding a PHI request you have made, please direct any complaint, in writing, to the privacy officer at the address listed above. We will not retaliate in any way, if you chose to file a complaint. If you do have a complaint, we will give you the address of the US Department of Health and Human Services where you may file it.

This notice is also posted in our office for your handy reference.

#### Privacy Practices Acknowledgement

I have read the above copy of the Notice of Privacy Practices for this office, have had an opportunity to ask questions regarding the notice, and understand the information it contains.

I understand that I may request restrictions on the use and disclosure of my Protected Health Information, and the office is not required to agree to them, but if agreement is obtained, it is binding.

Patient Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Patient (eg: self, parent, guardian, personal representative): \_\_\_\_\_