

# Notice of Privacy Practices

**Hope & Health Nutrition Services**  
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## **THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

Hope & Health Nutrition Services (H&HNS) understands that protected health information about you is personal. H&HNS is committed to protecting health information about you. This Notice will tell you about the ways H&HNS may use and disclose protected health information about you. Also described are your rights and certain obligations H&HNS has regarding the use and disclosure of protected health information. H&HNS is required to follow the procedures in this Notice. H&HNS reserves the right to change the terms of this Notice and to make new Notice provisions effective for all protected health information that H&HNS maintains by posting the revised Notice in the Hope & Health Nutrition Services office, making copies of the revised Notice available upon request, and posting the revised Notice on the Hope & Health Nutrition Services website ([www.cookevillenutrition.com](http://www.cookevillenutrition.com)).

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that H&HNS may use and disclose protected health information without your written authorization.

**For Treatment.** Hope & Health Nutrition Services may use protected health information about you to provide, coordinate or manage your medical treatment or services. One way H&HNS may do this is to communicate with other healthcare offices where you have received services or will receive services or with other personnel involved in providing services to you or who are involved in your care. H&HNS may also share protected health information about you in order to coordinate different things you may need, such as lab work. H&HNS may use and disclose protected health information to contact you as a reminder that you have an appointment at H&HNS. This may include leaving a message on an answering machine. H&HNS may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

**For Payment for Services.** H&HNS may use and disclose protected health information about you so that the treatment and services you receive at Hope & Health Nutrition Services may be billed to and payment may be collected from you, an insurance company or a third party. For example, H&HNS may need to give your health plan information about services you received at Hope & Health Nutrition Services so your health plan will provide payment to H&HNS or reimburse you for the service. H&HNS may also tell your health plan about the nutrition services you are going to receive, to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** Hope & Health Nutrition Services may use and disclose protected health information about you for health care operations, such as quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. For example, H&HNS may use protected health information to review its treatment and services and to evaluate the performance of the dietitian who is providing your services. H&HNS may also combine protected health information about multiple patients to decide what additional

services Hope & Health Nutrition Services should offer, what services are not needed, and whether certain new treatments are effective. H&HNS may also disclose information to other Hope & Health Nutrition Services personnel and students associated with H&HNS for review and learning purposes.

Subject to applicable state law, in some limited situations the law allows or requires Hope & Health Nutrition Services to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at the H&HNS office.

**As Required By Law.** H&HNS will disclose protected health information about you when required to do so by federal, state or local law.

**Research.** H&HNS may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information

**Health Risks.** H&HNS may disclose protected health information about you to a government authority if it is reasonably believed that you are a victim of abuse, neglect or domestic violence. H&HNS will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and H&HNS believes it is necessary to prevent or lessen a serious and imminent threat to you or another person.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or dispute, H&HNS may disclose your information in response to a court or administrative order. H&HNS may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by H&HNS or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

**Business Associates.** H&HNS may disclose information to business associates who perform services on its behalf (such as billing agents); however, H&HNS requires them to appropriately safeguard your information.

**Public Health.** As required by law, H&HNS may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**To Avert a Serious Threat to Health or Safety.** H&HNS may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Health Oversight Activities.** H&HNS may disclose protected health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Law Enforcement.** H&HNS may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. H&HNS may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

**Organ and Tissue Donation.** If you are an organ donor, H&HNS may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Special Government Functions.** If you are a member of the armed forces, H&HNS may release protected health information about you if it relates to military and veterans activities. H&HNS may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.

**Coroners, Medical Examiners, and Funeral Directors.** H&HNS may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. H&HNS may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

**Correctional Institutions and Other Law Enforcement Custodial Situations.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, H&HNS may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

**Worker's Compensation.** H&HNS may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Food and Drug Administration.** H&HNS may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

## **YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES**

Unless you object, or request that only a limited amount or type of information be shared, H&HNS may use or disclose protected health information about you in the following circumstances:

- H&HNS may share with a family member, relative, friend or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care. H&HNS may also share information to notify these individuals of your location, general condition or death.
- H&HNS may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, H&HNS may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please write to the contact person listed on page 1 of this Notice.

## **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding protected health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to the contact person listed on page 1 of this Notice. If you request a copy of the information, H&HNS may charge a fee for the costs of copying, mailing or other supplies associated with your request, and H&HNS will respond to your request no later than 30 days after receiving it. There are certain situations in which H&HNS is not required to comply with your request. In these circumstances, H&HNS will respond to you in writing, stating why your request will not be granted and describe any rights you may have to request a review of the denial.

**Right to Amend.** If you feel that protected health information H&HNS has about you is incorrect or incomplete, you may ask for the information to be amended or supplemented. To request an amendment, your request must be made in writing and submitted to the contact person listed on page 1 of this Notice. In addition, you must provide a reason that supports your request. H&HNS will act on your request for an amendment no later than 60 days after receiving the request. H&HNS may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, H&HNS may deny your request if you ask for information to be amended that was not created by H&HNS, unless the person or entity that created the information is no longer available to make the amendment; is not part of the protected health information kept by H&HNS; is not part of the information which you would be permitted to inspect and copy; or H&HNS believes is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures Hope & Health Nutrition Services has made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing to the contact person listed on page 1 of this Notice. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). The first list you request within a 12-month period will be free. For additional lists, H&HNS may charge you for the costs of providing the list. H&HNS is required to provide a listing of all disclosures except the following: for your treatment, for billing and collection of payment for your treatment, for health care operations, for those made to or requested by you, or that you authorized, occurring as a byproduct of permitted use and disclosures, for national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates, as part of a limited data set of information that does not contain information identifying you.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information H&HNS uses or discloses about you for treatment, payment or health care operations or to persons involved in your care. H&HNS is not required to agree to your request. If it does agree, H&HNS will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described on pages 2 and 3 of this Notice. To request restrictions, you must make your request in writing to the contact person listed on page 1 of this Notice.

**Right to Request Confidential Communications.** You have the right to request that H&HNS communicates with you about medical matters in a certain way or at a certain location. For example, you can ask that H&HNS only contacts you at work or by mail. To request confidential communications, you must make your request in writing to the contact person listed on page 1 of this Notice. H&HNS will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time by contacting the contact person listed on page 1 of this Notice.

## **MARKETING AND FUNDRAISING**

In these cases your information will never be shared by Hope & Health Nutrition Services unless you give written permission: marketing purposes and sale of your information.

In the cases of fundraising, you may be contacted by Hope & Health Nutrition Services, but you have the right to request not to be contacted again.

## **OTHER USES AND DISCLOSURES**

H&HNS will obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, H&HNS will stop using or disclosing your information in this manner, except to the extent that H&HNS has already taken action in reliance on the authorization. You will be informed promptly if a breach occurs that may have compromised the privacy or security of your information.

## **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may file a complaint with Hope & Health Nutrition Services or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, Hope & Health Nutrition Services will not take any action against you or change its treatment of you in any way.

If you have any questions about this notice, please contact the contact person listed on page 1 of this Notice.