

HIPAA Notice of Privacy Practices

In the event that HIPAA is applicable to the services JuliENERGYnutrition provides then please see the following information.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The JuliENERGYnutrition LLC Notice of Privacy Practices describes how protected health information (PHI) about you may be used and disclosed and your rights regarding PHI.

If you have any questions or concerns regarding this notice, please contact Julie Rothenberg MS, RD, LDN at JuliENERGYnutrition@gmail.com.

Pledge regarding PHI:

JuliENERGYnutrition LLC respects your privacy and understands that your PHI is personal. We are committed to protecting PHI about you. This notice applies to all of the protected health information collected by JuliENERGYnutrition LLC.

This notice will tell you about the ways in which we may use and disclose your PHI. This notice also describes your rights, as well as certain obligations we may have regarding the use and disclosure of your PHI. By law, JuliENERGYnutrition LLC is required to:

- Ensure that PHI that identifies you is kept private
- Notify you about how we protect your PHI
- Explain how, when and why we would potentially use and disclose PHI
- Follow the terms of the Notice that is currently in effect

JuliENERGYnutrition LLC is required by law to follow the procedures in this notice. We reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that we maintain. If we do so, the updated notice will be posted on our website and will be available at our facility. Upon request, we will provide a copy of any revised notice to you.

How we may use and disclose PHI about you:

Except where prohibited by federal or state laws that require additional privacy protections, we may use and disclose PHI without your prior authorization as follows:

Treatment: We may use PHI about you to provide and coordinate the treatment you receive or otherwise manage your care. We may disclose PHI about you to doctors, therapists, nurses, technicians and other personnel who are involved in your care. We

may use and disclose PHI to contact you as a reminder that you have an appointment. We may use and disclose PHI to tell you about or recommend possible treatment options or services that may be of interest to you.

Payment For Services: We may use and disclose PHI about you so that the services you receive from JuliENERGYnutrition LLC may be reimbursed to you. For example, we may need to give your health insurance plan information regarding services you received from JuliENERGYnutrition LLC so that your insurance plan can reimburse you for said service. Payment is required at time of service. If you have out-of-network benefits that may provide you with reimbursement for our services, we recommend that you contact your insurance plan and inform JuliENERGYnutrition LLC prior to our initial session. **(Please note, JuliENERGYnutrition LLC does not generally accept any insurance plans for the services provided and is not responsible for payment if reimbursement is denied by your insurance plan. Please discuss this with JuliENERGYnutrition LLC if you have any further questions).**

Healthcare Operations: We may use and disclose PHI about you for JuliENERGYnutrition LLC healthcare operations, or activities necessary for us to operate our healthcare business. These activities may include quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures may be necessary to ensure quality care.

For example, we may use PHI to review the treatment and services provided and to evaluate the performance of our dietitian. We may also combine PHI about our clients to decide how we may better serve our clients. This may include but is not limited to determining additional services to offer clients, and determine which services are not necessary or utilized. We may also disclose information to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the services that they provide.

Subject to applicable state law, in some limited situations the law allows or requires me to use or disclose your health information for purposes beyond provision of treatment, payment and operations and without your prior authorization. However, some of the disclosures set forth below may never occur at our facility.

As Required By Law: We will disclose PHI about you when required to do so by federal, state or local law

Victims of Abuse or Neglect: We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We 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 we believe 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, we

may disclose your information in response to a court or administrative order. We 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 JuliENERGYnutrition LLC or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates: We may disclose information to business associates who perform services on our behalf (lawyers, accountants, computer technicians, etc.) however, we require them to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for your Care: We may disclose PHI to a personal representative, family member, other relative, or any other person you identify, information that is directly relevant to that person's involvement in your care or payment related to your care.

Public Health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Research: We may use and disclosure your PHI to conduct research where authorized by law. For example, we may use your PHI as part of a research study when the research has been approved by an institutional review board and there is an established protocol to ensure the privacy of your information.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI 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: We may disclose PHI to a health oversight agency for the activities authorized by law. These activities include audits, investigations and inspections, as necessary for licensure and for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Law Enforcement: We may release PHI as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. We may also disclose PHI in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

Special Government Functions: If you are a member of the armed forces, we may release PHI about you if it relates to military and veterans' activities. We may also release your PHI for national security and intelligence purpose, protective services for the President, and medical suitability or determinations of the Department of State.

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

Food and Drug Administration: We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: To the extent necessary to comply with law, we may disclose PHI to worker's compensation or other similar programs established by law.

Uses and Disclosures of PHI That Require Your Prior Authorization:

Specific Uses or Disclosures Requiring Authorization: We will obtain your written authorization for the use of PHI for marketing, and for the sale of PHI, except in limited circumstances where allowed by applicable law.

Other Uses and Disclosures: We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided above (or as otherwise permitted or required by law). You may revoke your authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

Your Rights Regarding PHI About You:

You have the following rights regarding PHI I maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy PHI that may be used to make decisions regarding your care. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to JuliENERGYnutrition LLC. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing or other supplies associated with your request and we will respond to your request no later than 30 days after receiving your request.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to JuliENERGYnutrition LLC. In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request and we will provide a written denial to you if that is the case.

Right to an Accounting of Disclosures: You have the right to request an "Accounting of disclosures". This is a list of the disclosures we made of PHI about you. To request this

list or accounting of disclosures, you must submit your request in writing to JuliENERGYnutrition LLC. You may ask for disclosures made up to six years before your request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for services, payment or healthcare operations or to persons involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency care or if the disclosure is the Secretary of the Department of Health and Human Services. To request restrictions, you must make your request in writing to JuliENERGYnutrition LLC.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, or by cell phone or email.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice at any time by contacting JuliENERGYnutrition LLC.

Notification of a Breach: You have the right to be notified of a breach of your unsecured PHI and we will notify you in accordance with applicable law.

You May File A Complaint About Our Privacy Practices:

If you believe your privacy rights have been violated, you may file a complaint with JuliENERGYnutrition LLC 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, we will not take any action against you or change the care and services we provide.

Effective Date: This Notice is effective as of July 25, 2018.

Patient Written Acknowledgement Confirming Receipt of Privacy Notice:

I have received the above HIPAA Policy.

Client/Guardian Signature: _____

Date: _____