

AZ Nutrition Center, LLC
15655 W. Roosevelt St., Ste. 108
Goodyear, AZ 85338

Ph: (862) 210-9355 | F: (973) 577-6908

PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to the information. *Please review it carefully.*

Under new federal regulations, AZ Nutrition Center, LLC, Alexander Rinehart, DC, MS, CCN, CNS along with all health care providers are required and obligated to maintain the privacy of your protected health information (PHI). This information may identify you & relates to your health, your conditions, and health care related services whether physical or mental.

This notice describes how we may use and disclose PHI information to other parties for the purpose of treatment, dispensing medications, and disclosing information to your health care provider or your physician via mail, phone or directly. We may use and disclose medical information so that services received at AZ Nutrition Center, LLC may be billed to and payment may be collected from your insurance company, pharmacy benefit managers (PBM) or a third party.

We *may* use or disclose your PHI in accordance with the privacy rules without obtaining your consent or authorizations in the following instances. Contracted business associates rendering services for us in which PHI must be disclosed in order to perform their job (such as third party billing of your prescription drug benefits). Our business associates are required to protect your PHI in accordance to law. Discussions with individuals involved with your care or payment of your care if deemed appropriate by the health care professional. F.D.A. requirements to prevent serious health or safety threats to the public. Health oversight authorized by law including audits, investigations and inspections required for licensure and government monitoring of health care programs and civil rights issues. Worker's compensation claims. *As required by law.*

We are permitted to use and disclose PHI for the following purposes. *In accordance to law:* Coroners, Medical & Funeral Directors to carry out their functions, Organ or Tissue procurement organizations, Judicial or administrative proceedings, law enforcement purposes, governmental authorities, national security authorities, Victims of abuse, neglect and domestic violence to protective service agencies and Military authorities.

You have the right in writing, to request restriction of certain uses & disclosures of PHI with regards to the nature of your treatment, payment and health care operations to a family member, relative or representative. We are, however, not required by federal law to comply if you request a copy of your PHI, you have the right to send it to a different location and by alternate means.

Further information or questions relating your privacy rights may be addressed to Dr. Alexander Rinehart (privacy officer). Please address any complaints regarding your privacy rights to our privacy officer or with the secretary of health & human services.

To be assured you received or read this notice *please sign and return* this notice at your earliest convenience.

Signature _____ Print Name _____

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HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

*****PRIVACY NOTICE ACKNOWLEDGEMENT*****

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This notice describes how we may use and disclose your PHI.

To be assured you received and/or read this notice, please sign:

I have received and/or read AZ Nutrition Center, LLC's Privacy Notice.

Signature _____ Date _____

Print Name _____

Recipient _____ Authorized Rep. _____ Family Member _____ Care Giver _____