



Beth Quintana, ND  
9728 Greenwood Av N  
Seattle, WA 98103  
206.602.7140

## NOTICE OF PRIVACY PRACTICES

*This describes how medical information about you may be used and disclosed. Please review it carefully.*

I respect your privacy and understand that your personal health information is very sensitive. I also respect my legal obligation to keep health information that identifies you as private. I am obligated by law to give you notice of my privacy practices. This Notice describes how such information is protected and your rights regarding it.

Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes, which you do when signing the Client Information Form at your first visit.

### **Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, & Health Operations:**

#### *For Treatment:*

- Information obtained by any member of your health care team will be recorded in your medical record and used to help decide what care may be right for you;
- I may also provide information to others providing you care. This will help them stay informed of your care;
- I may fax your requested medication refill to your pharmacy.

#### *For Health Care Operations:*

- I may use your medical records to assess quality and improve services;
- I may use and disclose medical records to review the qualifications of our health care providers;
- I may use and disclose your information to conduct or arrange for services such as accounting audit, or legal services.

### **Your Health Information Rights**

The health and billing records I create and store are the property of Elizabeth Quintana, ND. The protected health information in it, however, generally belongs to you. *You have the right to:*

- Receive, read and ask questions about this Notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to agree to do this, but if I agree, I must honor the restrictions you want;
- Request and receive a copy of the most current Notice of Privacy Policy;
- Ask to see or get photocopies of your health information. A request must be made in writing. You need to allow up to 30 days for me to process your request and may have to pay for photocopies in advance;
- Ask me to amend your health information if you think that it is incorrect or incomplete. You may give me this request in writing, and if I agree, I will amend the information within 60 days of request. You may write a statement of disagreement if your request is denied, to be stored in your medical record, and included in any release of your record;
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released.

*I may use and disclose your protected health information without your authorization as follows:*

- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products;
- For Public Health and Safety Purposes as Allowed or Required by Law:
  - \*to protect public health and safety;
  - \*to prevent or control disease, injury, or disability.
- To report suspected abuse or neglect to public authorities;
- For Law Enforcement Purposes such as when I receive a subpoena, court order, or other legal process, or you are the victim of a crime;



Beth Quintana, ND  
9728 Greenwood Av N  
Seattle, WA 98103  
206.602.7140

- For health and safety oversight activities – for example, I may share health information with the Department of Health.
- For Disaster Relief purposes – for example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others;
- For work-related conditions that could affect employee health – for example, an employer may ask me to assess health risks on a job site;
- To Military authorities of US and Foreign Military Personnel – for example, the law may require me to provide information necessary to a military mission;
- In the course of Judicial/Administrative proceedings at your request, or as directed by subpoena or court order;
- For specialized Government functions – for example, I may share information for national security purposes.

**Appointment Reminders**

Unless you inform me otherwise, I may call to remind you of a scheduled appointment. If you are not home I reserve the right to leave a reminder message either on the voice mail or with the person who answers. We will only disclose the day and time of the appointment, not the reason for the appointment. We may send postcards reminding you it is time to make a follow-up appointment, and this reminder will not disclose the reason for the appointment.

**My Responsibilities**

By law, I must abide by the terms of this Notice of Privacy Practices until I choose to change it. I reserve the right to change this Notice at any time as allowed by Law. If I make changes, I will update this Notice and post it in the office. At your request, you may receive a copy of the revised policy.

**Other Uses and Disclosures of Protected Health Information**

Uses and disclosures not in the Notice will be made only as allowed, required by Law, or with your written authorization.

**ACKNOWLEDGEMENT OF NOTICES OF PRIVACY PRACTICES**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
CLIENT OR REPRESENTATIVE/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT REPRESENTATIVE/GUARDIAN PRINTED NAME