

Complaints

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision I have made about access to your records, you may contact me at the address listed below.
- If you are not satisfied with my response, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. I can provide you with that address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Bluegrass Nutrition Counseling, Inc.
Located at West Jefferson Place
535 West Second Street
Suite 207
Lexington, KY 40508

Bluegrass Nutrition Counseling, Inc.
“Licensed Dietitians Dedicated
to
Quality Nutrition Care”

Notice of Privacy Practices

This notice describes how information about you can be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions, please let us know.

I understand that information about you is personal. I am committed to protecting your information. I will create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care in this office. I am required by law to:

- Keep information about you private;
- Give you this notice of my legal duties and privacy practices with respect to information about you;
- Follow the terms of the notice that is currently in effect.

How I may use and disclose information about you

I may disclose information about you for the purposes of treatment, to obtain payment for treatment, and for health care operations. In accordance with Kentucky law, I will obtain your written authorization before releasing information about you. I may also disclose information about you by way of contacting you for appointment reminders and telling you about treatment options and alternatives that may be helpful to you.

There are certain circumstances when I may disclose information about you without your written authorization. These situations may happen when you are a danger to yourself or others; when ordered to release information by the court; when there is a reasonable suspicion of child or adult abuse in accordance with Kentucky law; or if ordered to do so in compliance with other federal, state or local laws. If you have given written authorization for use and disclosure of information, you can later revoke that authorization by notifying me in writing of your decision

Your Right to Access and/or Amend Your Records

- You have a right to look at or get a copy of information that I use to make decisions about your treatment, when you submit a written request. If you request copies of your information, you will receive the first copy free in accordance with Kentucky law and thereafter, you will be charged a fee for the cost of copying, mailing, or other related supplies. If I deny your request for a copy of your records, then you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or that important information is missing, you have the right to request that I correct the records by submitting a request in writing that provides your reason for requesting the amendment. I could deny your request to amend a record if the information is not maintained by me; or if I determine that your record is accurate. You may submit a written statement of disagreement with a decision by me not to amend a record.

Your Right to Accounting

- You have a right to request a list accounting for any disclosures of your health information that I have made, except for uses and disclosures for treatment, payment, and health care operations, circumstances in which you have specifically authorized such disclosure, and certain other exceptions.
- To request this list of disclosures, indicate the relevant period, which must be after April 14, 2003, but in no event for more than the last six years. You must submit your request in writing to me.

Your Right to Request Restrictions

- You may request, in writing, that I not use or disclose information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. I will consider your request and work to accommodate it when possible, but I am not legally required to accept it. I will inform you of my decision on your request. All written requests or appeals should be submitted to me.

Your Right for Confidential Communications

- You have a right to request that information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying me in writing of the specific way or location for me to use to communicate with you.

Your Right to Request a Paper Copy of this Notice

- You may receive a paper copy of this Notice upon request, even if you have agreed to receive this notice electronically.

Changes to this Notice

- I may change this notice at any time. Changes will apply to information I already hold, as well as new information after the change occurs. I will make you aware of the change before it happens if you are a current client. You can receive a copy of the current notice at any time. You will be asked to acknowledge, in writing, each time you receive a copy of this notice.