

Privacy Policy; New Patient Office Policies and Financial Policy

In an effort to ensure prompt payment to our Clinic's staff for their time and service, we require that each patient have a valid Visa or Master Card on file, including associated billing address. The credit card number, CVV code and zip code are encrypted in our HIPAA scheduling system.

Each patient reserves the right to select his/her method of payment, be it credit card, alternate credit card, or cash. Clinic reserves the right to charge the card on file for the full balance due under the following scenarios:

1. The patient's verbal or written authorization.
2. If a check is returned for insufficient funds by patient's bank. An additional \$25 will be added to the balance due and owing to cover banking costs of the return check. Patient will be notified via telephone or email of NSF and be granted 24 hours to rectify the payment arrangements. If the payment has not been rectified within 24 hours then Clinic will attempt to charge your credit card on file for the balance due and owing plus \$25 fee for the returned check.
3. Any past due balance that remains outstanding after 15 days without written payment arrangements being agreed upon by Clinic.
4. A late fee not to exceed \$25 will be added to Patient's account when the account remains past due for more than 15 days. Clinic will also charge the Patient's account a late fee not to exceed \$25 every 30 days until the account has been paid in full or payment arrangements have been made to the satisfaction of Clinic. All past due accounts exceeding 45 days and without payment arrangements are subject to collection action.
5. As per the policies regarding cancellations or "no show" patients (see below).

Health Insurance Policy is as follows: Insurance companies are not ordered to carry naturopathic medicine in their policies in Colorado. Clinic is a cash-based office and as a result, payment in full is expected at time of service. Clinic does not bill your insurance company for any services provided. If you would like to send your Service Summary to your Insurance Billing Company, in an attempt to see if you might recover any office visit fees, please inform us prior to services being rendered.

Cancellation/No Show Policy and Divorced Parents Policy

Our Cancellation Policy is as follows: All appointments cancelled or rescheduled with less than 48 hours remaining prior to treatment are subject to a non-refundable fee at our discretion of a minimum of \$75 and up to the full charge of the missed visit. This fee is transferable to the next immediate appointment one time only. If the next appointment or any subsequent appointment is also cancelled within this 48-hour window prior to treatment, then the \$75.00 fee is defaulted in favor of Clinic and full scheduled office visits will be charged at all succeeding cancellations in less than 48 hours. We do this to

protect the schedules of each of our doctors as well as to ensure therapy availability for each of our patients. In the event of any dispute we promise to make every accommodation to resolve these matters in a way that is favorable to our patients and our doctors.

Our No-Show Policy is as follows: All appointment no-shows will be charged the full office visit fee, unless due to emergency or other understandable situations. Again, we will make every effort to resolve any disputes in a fair matter to all parties. These policies are placed into effect with the intention of protecting our patients, our doctors and the workplace that facilitate our healing practices.

Children of Divorced Parents Policy is as follows: When a child of divorced parents is seen in our offices or a parent consults with one of our doctors via telephone, payment will be expected from whichever parent schedules the child's visit and accompanies the child to the visit. At no time will we bill ex-spouses or parents who are not present during the medical visit unless they have previously authorized payment with our offices in writing or verbally over the phone. If one parent has full custody (or there is another appointed guardian), please be aware that we will require authorization from said parent/guardian to treat and/or discuss the child's case with the parent (family) who does not have custody rights during that time. Thank you for understanding our legal duty.

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice please contact Clinic

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other doctors who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician. Additionally, we may disclose your protected health information to other individuals in our office, including massage therapists, life coach, or other professionals, you are also a patient of to aid in the ease of your co-treatments.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We will share your protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our

practice.

Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of

quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

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

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally

authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

You may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgement, determine whether the disclosure is in your best interest.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your general condition (such as fair or stable), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be only given to a member of the clergy, such as a priest or rabbi.

Others Involved in Your Health Care or Payment for your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health

information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS: HIPAA Security Policies

1. **Breach notification requirements** – The obligation to notify patients if there is a breach of their PHI is expanded and clarified under the new rules. Breaches are now presumed reportable unless, after completing a risk analysis applying four factors, it is determined, that there is a “low probability of PHI compromise.” The doctors must consider all of the following four factors:

- a. The nature and extent of the PHI involve issues to be considered include the sensitivity of the information from a financial or clinical perspective and the likelihood the information can be re-identified;
- b. The person who obtained the unauthorized access and whether that person has an independent obligation to protect the confidentiality of the information;
- c. Whether the PHI was actually acquired or accessed, determined after conducting a forensic analysis; and
- d. The extent to which the risk has been mitigated, such as by obtaining a signed confidentiality agreement from the recipient.

2. The new rules do not modify the actual reporting and timeframe requirements for Breach Notification; that is, covered entities must still adhere to requirements for individual notification, HHS notification, and where applicable media posting of the breach.

a. **Disclosures to health plans** – At the patient’s request, doctors may not disclose information about care the patient has paid for out-of-pocket to health plans, unless for treatment purposes or in the rare event the disclosure is required by law. This change updates the previous HIPAA Privacy Rule governing patient requests for restrictions on the use or disclosure of their PHI. Previously, while doctors could refuse to abide by any such request, the new rule requires doctors and other health care providers to abide by a patient’s request not to disclose PHI to a health plan for those services for which the patient has paid out-of-pocket and requests the restriction. Of all the changes made by the new rules, this change is likely to have the greatest impact on physician practice workflow both in terms of documentation and follow up to ensure the restriction is adhered to.

b. **Marketing communications** – The new rules further limit the circumstances when doctors may provide marketing communications to their patients in the absence of the patient’s written authorization. Generally speaking, the only time a physician may tell a patient about a third-party’s product or service without the patient’s written authorization is when: 1) the physician receives no compensation for the communication; 2) the communication is face-to-face; 3) the communication involves a drug or biologic the patient is currently being prescribed and the payment is limited to reasonable

reimbursement of the costs of the communication (no profit); 4) the communication involves general health promotion, rather than the promotion of a specific product or service; or 5) the communication involves government or government-sponsored programs. Doctors are also still permitted to give patients promotional gifts of nominal value (e.g., pamphlet).

c. **Sale of PHI** – The new rules clarify that the prohibition on the sale of PHI in the absence of the patient’s written authorization extends to licenses or lease agreements, and to the receipt of financial or in-kind benefits. It also includes disclosures in conjunction with research if the remuneration received includes any profit margin. On the other hand, the prohibition on PHI sales does not extend to permitted disclosures for payment or treatment nor to permitted disclosures to patients or their designees in exchange for a reasonable cost-based fee.

d. **Childhood immunizations** – Under the new rules, doctors may disclose immunizations to schools required to obtain proof of immunization prior to admitting the student so long as the doctors have and document the patient or patient’s legal representative’s “informal agreement” to the disclosure.

e. **Decedents** – The new rules allow doctors to make relevant disclosures to the deceased’s family and friends under essentially the same circumstances such disclosures were permitted when the patient was alive; that is, when these individuals were involved in providing care or payment for care and the physician is unaware of any expressed preference to the contrary. The new rule also eliminates any HIPAA protection for PHI 50 years after a patient’s death.

f. **Copies of e-PHI** – Doctors will now have only 30 days to respond to a patient’s written request for his or her PHI with one 30-day extension, regardless of where the records are kept (eliminating the longer 60-day timeframe for records maintained offsite). They must provide access to EHR and other electronic records in the electronic form and format requested by the individual if the records are “readily reproducible” in that format. Otherwise, they must provide the records in another mutually agreeable electronic format. Hard copies are permitted only when the individual rejects all readily reproducible e-formats.

g. **Emailing PHI** – Doctors must also consider transmission security, and may send PHI in unencrypted emails only if the requesting individual is advised of the risk and still requests that form of transmission.

h. **Charging for copies of e-PHI or PHI** – The new rules modify the costs that may be charged to the individual for copies to include labor costs (potentially to include skilled technical labor costs for extracting electronic PHI and supply costs if the patient requests a paper copy, or if electronic, the cost of any portable media (such as a USB memory stick or a CD)), assuming state law does not set a lower reimbursement rate. The rules also clarify that doctors may impose a separate charge for creating an affidavit of completeness.

i. **Research authorizations** – The new rules permit doctors to combine conditioned and unconditioned authorizations for research participation, provided individuals can opt- in to the unconditioned research activity. Moreover, these authorizations may encompass future research.

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please

contact our Privacy Officer if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact Lauren Hacker, ND at Clinic at (720) 477-0089 for further information about the complaint process. This notice was published and becomes effective on November 1, 2020.

By signing the below you are acknowledging that you have received and understood the Financial, Cancellation, Privacy, HIPAA and Rights, and Complaint Policies of Clinic. If you have any questions please contact us for further clarification. Thank you!

PATIENT SIGNATURE :

Date