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HIPAA CONSENT NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed, and how you can obtain access to this information. Please review this document carefully. State and Federal laws require physicians to maintain the privacy of your health information and to inform you about privacy practices by providing you with this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION:

This notice will take effect on _____ (*PLEASE DATE*) and will remain in effect until it is amended or replaced by the physician under lawful guidelines. It is the physician's right to change the privacy practices provided law permits the changes. Before making a significant change, this notice will be amended to reflect the changes and the office will make the notice available upon request. We reserve the right to make any changes in the office privacy practices and the new terms of the notice effective for all health information maintained, created and/or received by the office before the date changes were made.

You may request a copy of this Privacy Policy notice at any time by contacting the office or by downloading it off of our website at www.drSusanMarra.com. Information on how to contact us can be found at the top of this notice. We will keep your health information confidential using it ONLY for the following purposes:

Treatment:

We may use your health information to provide you with our professional services. We have established "minimum necessary to know" standards that limit staff member's access to your health information. Everyone on the staff is required to sign a confidentiality statement.

Disclosure:

We may disclose and/or share your health information with other healthcare professionals who provide treatment and/or services to you. These professionals will have a privacy and confidentiality policy similar to this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

Emergencies:

We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care, in case of an emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions, or if you are incapacitated, we will use our professional judgment to disclose only that information that directly applies and is relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays, or other similar forms of health information and/or supplies unless you have advised otherwise.

Healthcare Operations:

We will use and disclose your health information to keep the practice operable. Examples of personnel who may have access to this information include: but are not limited to the medical records staff, outside health or management reviewers and individuals performing similar duties.

Public Health Responsibilities:

We will disclose your healthcare information to report problems with products, reactions to medications, product recalls, and disease/infection exposure and to prevent and control disease, injury and/or disability.

Required by Law:

We must use or disclose your health information when required to do so by the law (i.e., Court or administrative orders, subpoena, discovery request or other lawful process). We will use and disclose your information when requested by national security, intelligence and/or other State or Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

Abuse or Neglect:

We may disclose your health information to appropriate authorities if we have reason to believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Marketing Health Related Services:

We will not use your health information for marketing purposes.

National Security:

The health information of Armed Forces personnel may be disclosed to the military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders:

We may use or disclose your health information to provide you with appointment reminders including, but not limited to, voicemail messages, post cards or letters.

YOUR PRIVACY RIGHTS AS A PATIENT OF DR. SUSAN L. MARRA

Access:

Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited expectations. If you wish to examine your health records, you will need to complete and submit an appropriate request form. You may contact the office for information regarding this at (206) 299-2676. Once approved, an appointment can be made to review your records. Copies, if requested will be \$0.40/copy and the staff time charged will be \$50.00/hour including the time to locate and copy your records. If you want copies mailed to you, postage will be charged to you as well. If you prefer a written summary or an explanation of your health information, we will provide that service at \$500.00/hour (Disability, Insurance, Employer). Please contact our office for this information.

Amendment:

You have the right to amend your healthcare information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Restrictions:

You have the right to request that we place additional restrictions on the use or disclosure of your of your health information. We do not have to agree with the restrictions, but if we do, we will abide by the agreement (except in emergencies). Please contact the office if you want to further restrict access to your healthcare information. This request must be submitted in writing and mailed or faxed to our office at (206) 522-7410.

Questions and Complaints:

You have the right to file a complaint with our office if you feel that we have not complied with the above privacy policy. If you feel that we have violated your privacy rights, or if you disagree with a decision that we have made regarding access to your health information, you can complain to the office in writing. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint.

I HAVE READ, UNDERSTOOD AND HAVE RECEIVED A COPY OF THE HIPAA CONSENT NOTICE OF PRIVACY PRACTICES:

**(For all minors under the age of 18, we also require parents and guardians to sign and date)*

Patient's Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____