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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.

