

## **Evolution Nutrition, Inc.**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. This notice applies to all Evolution Nutrition, Inc. employees at all health care delivery sites listen on our website ([www.evolutionRD.com](http://www.evolutionRD.com)). It also applies to all students that complete training at Evolution Nutrition, Inc.**

### **Our Commitment to Your Privacy**

We understand that health information about you is personal. We create a record of the care and services you receive from Evolution and are committed to protecting that information about you. We are required by law to do the following.

- 1) Make sure health information that identifies you is kept private.
- 2) Give you this notice of our privacy practices.
- 3) Follow the terms of the notice that is currently in effect.

### **Routine Use and Disclosure of Your Medical Information**

The following categories describe the different ways in which we may use and disclose your protected health information (PHI).

- **Treatment.** We may use your PHI to treat you. Many of the people who work for our practice – including, but not limited to, our dietitians – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others outside of Evolution who are involved in your medical care, including your primary care provider (PCP), referring practitioner, and others on your health care team.
- **Payment.** We may use and disclose your PHI to you, an insurance company, or a third party in order to bill and collect payment for the services you receive from us. This may include verifying your health benefits or providing information to obtain prior approval.
- **Health Care Operations.** We may use and disclose your PHI to operate our business. For example, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. There are some services we may provide through our business associates.

### **Other Uses**

- **Appointment Reminders.** We may use and disclose your PHI to contact you and remind you of an appointment.
- **Treatment Options.** We may use and disclose your PHI to inform you of potential treatment options or alternatives.
- **Health-Related Benefits and Services.** We may use and disclose your PHI to inform you of health-related benefits or services.
- **Release of Information to Family or Friends.** We may release your PHI to a friend or family member that is involved in your care or who assists in taking care of you. For example, a parent or

guardian may ask that a babysitter take their child to our office for a nutrition appointment. In this example, the babysitter may have access to this child's medical information. Additionally, anyone who sits in on your appointment may have access to your medical information.

- **Marketing and Fundraising.** We will not disclose your PHI for marketing or fundraising purposes.

### **Use and Disclosure of Your PHI in Certain Special Circumstances**

We may use and disclose your PHI without your written permission when we are required to do so by federal, state, or local law, such as for law enforcement purposes, suspected abuse or neglect reporting, health oversights or audits, funeral arrangements, organ donation, public health purposes, or in an emergency. We will not disclose PHI to health plans if services are paid in full by patient. We will not sell any PHI information to any parties.

### **Other Uses of Health Information**

We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

### **Your Rights Regarding Your PHI**

You have the following rights regarding the PHI that we maintain about you.

- **Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction you must make your request in writing to the Security Officer. Your request must describe in a clear and concise fashion 1) the information you wish restricted; 2) whether you are requesting to limit our practice's use, disclosure or both; and 3) to whom you want the limits to apply.
- **Inspection and Copies.** You have the right to view and obtain a copy of the PHI, including patient medical records and billing records. You must submit your request in writing to the Security Officer in order to view or obtain a copy of your PHI. We try to accommodate all reasonable requests; however if we deny your request to inspect and/or copy, you may request a review of our denial.
- **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, you must provide us with a reason that supports your request

for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. We may deny your request if you ask us to amend information that was not created by us, or is not part of the medical information maintained by us, or if the information is accurate and complete. If we deny your request, you can appeal our decision, in writing.

- **Accounting of Disclosures.** All of our patients have the right to request an accounting of disclosures made. This accounting will not include routine disclosures for treatment, payment, or health care operations purposes. In order to obtain an accounting of disclosures, you must submit your request in writing.
- **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices.

### **Minors and Persons with Guardians**

Minors and certain disabled adults are entitled to the privacy protection for their health information. Because by law, they cannot make health care decisions for themselves, a parent or guardian can make medical decisions on their behalf. Therefore parents or guardians can authorize the use and release of PHI and also hold all rights listed in this notice. Under certain situations defined by law, minors can make independent healthcare decisions without parent or guardian knowledge or consent. In those situations, the minor may hold all rights listed in this notice. If the minor chooses to inform the parent or guardian, then all privacy rights regarding PHI may transfer to the parent or guardian. There are also certain situations where access, use or release of a minor's PHI may occur without the consent of the parent or guardian, i.e. when the health or safety of the minor is in danger and PHI is necessary to protect the minor.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**Evolution Nutrition, Inc.**  
Attn: Security Official  
450 Veterans Memorial Pkwy, Suite 8C  
East Providence, RI 02914.

Additional questions about this notice should be directed to our Security Officer (401) 396-9331.

**We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that we have created or maintained in the past, and for any we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location, and you may request a copy of our most current Notice at any time.**