



# Olympia Natural Medicine

Karyn White, N.D. 360-357-7902 145 Lilly RD NE Ste 102 Olympia, WA 98506

## PATIENT NOTICE OF PRIVACY POLICY

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED OR DISCLOSED, AND HOW YOU CAN ACCESS YOUR MEDICAL INFORMATION.**

### Patient Rights and Uses and Disclosures of Health Information:

During the course of your care with Karyn White, ND, we may use or disclose personal health related information.

- Personal health information and clinical records may be disclosed to another health care provider or hospital.
- Health care and billing records may be disclosed to another party, such as an insurance carrier or your employer, if they are or may be responsible for payment of your services.
- Name, address, phone number, and health care records may be used to contact you regarding appointment reminders or your care. (If you are not at home to receive an appointment reminder, we may leave a message. You have the right to refuse authorization to contact you. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care.)

Under federal law, we may also disclose your health information without your consent under the following circumstances:

- In providing health care services based on the orders of another health care provider.
- In an emergency.
- If we are required by law to provide care and are unable to obtain your consent.
- If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.
- If we are ordered by the courts or another appropriate agency.
- Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization. You have the right to inspect and/or copy your health information. You have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information must be provided in writing.

### Physician Legal Duties:

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible.

### Complaints and Questions:

If you have a complaint regarding our privacy notice, our privacy practices or if you would like more detailed information, please contact: Dr. Karyn White at (360) 357-7902. This notice is effective as of November 1, 2004. This notice, and any amendments will expire seven years after the date upon which the record was created. My signature acknowledges that I received a copy of this notice.

\_\_\_\_\_  
Patient Name (Printed please)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are a minor, or if you are being represented by another party, your representative signs below:

\_\_\_\_\_  
Personal Representative Printed

\_\_\_\_\_  
Personal Representative Signature

\_\_\_\_\_  
Date