

# ***HIPAA PRIVACY NOTICE***

## **Integrative Life Solutions**

**Please read this notice carefully. It will inform you how your medical information may be used and advise how you may gain access to that information.**

### **POLICY STATEMENT**

Integrative Life Solutions, Inc. (ILSI) is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from ILSI and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of ILSI, and for other purposes permitted or required by law. This Notice also advises you of your rights regarding your PHI.

We may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care of ILSI. In order to provide care to you, we will provide your PHI to those health care professionals directly involved in your care so they may understand your medical condition and needs and can provide advice or treatment.

In order for us to provide quality and efficient care, it may be necessary for ILSI to compile, use and/or disclose your PHI for us to operate in accordance with applicable law.

### **AUTHORIZATION NOT REQUIRED**

We may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

- Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
- Your PHI may be given to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
- As required by Public Health Authorities/Activities. Public Health Activities may include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability. This includes reports of child abuse or neglect.
- If required by the Food and Drug Administration to report adverse events, product defects, problems, biological product deviations, or to track products, enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
- Abuse, Neglect or Domestic Violence may be reported to a government authority. If ILSI is authorized by law to make such a disclosure, we will do so if we believe the disclosure is necessary to prevent serious harm or if we believe you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
- As directed by Health Oversight Authorities/Activities, which must be required by law and comprise government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
- ILSI may be required to disclose your PHI in any Judicial and Administrative Proceedings in response to a court order or a lawfully issued subpoena.
- In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of ILSI; and (6) if a medical emergency (not on our premises) has occurred and it appears that a crime has occurred.

- ILSI may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out his/her duties.
- If you are an organ donor, we may disclose your PHI to the entity to whom you have agreed to donate your organs.
- ILSI may disclose your PHI if we believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- If you are involved in a Workers' Compensation claim, we may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.
- ILSI may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

Uses and/or disclosures, other than those described above, will be made only with your written authorization, which you may revoke at any time.

### **APPOINTMENT REMINDER**

We may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. We will try to minimize the amount of information contained in the reminder. We may also contact you by phone, and if you are not available, we will leave a message for you. Please note that we will use the contact information that you have provided us to mail or call with appointment reminders.

### **TREATMENT ALTERNATIVES/BENEFITS**

We may, from time to time, contact you about treatment alternatives we offer or other health benefits or services that may be of interest to you.

### **YOUR RIGHTS**

You have the right to revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to our General Manager.

You may request restrictions on certain use and/or disclosure of your PHI as provided by law. However, we are not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to our General Manager. In your written request, you must inform us of what information you want to limit, whether you want to limit ILSI's use or disclosure, or both, and to whom you want the limits to apply. If we agree to your request, we will comply with your request unless the information is needed in order to provide you with emergency treatment.

You must make your request in writing to our General Manager if you want to receive confidential communications of PHI by alternative means or at alternative locations. We will accommodate all reasonable requests.

You have a right to inspect and copy your PHI. Please submit a written request to our General Manager. We may charge you a fee for the cost of copying, mailing or other supplies associated with your request.

To request an amendment to your PHI as provided by law, you must submit a written request to our General Manager. We may deny your request if it is not in writing, if you do not provide a reason in support of your request, if the information to be amended was not created by ILSI (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by ILSI, if the information is not part of the information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with our denial, you have the right to submit a written statement of disagreement.

To request an accounting of non-routine disclosures of your PHI as provided by law, you must submit a written request to our General Manager. The request must state a time period which may not be longer than six years and may not include the dates before January 1, 2011. The request should indicate in what form

you want the list (such as a paper or electronic copy). The first list you request within a 12-month period will be free, but we may charge you for the cost of providing additional lists in that same 12-month period. We will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

To file a complaint with ILSI, please contact our General Manager. All complaints must be in writing. ILSI will not retaliate against you for making a complaint. If your complaint is not satisfactorily resolved, you may file a complaint with the Secretary of Health and Human Services, Office for Civil Rights. Our Privacy Officer will furnish you with the address upon request.

This office is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice upon request and abide by the terms of this Privacy Notice. ILSI reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your PHI that we maintain.

We must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice, and will post this Privacy Notice in our lobby and on our web site at [www.integrativelivesolutions.com](http://www.integrativelivesolutions.com).

You may receive a paper copy of this Privacy Notice from us upon request.

James T. Skeen, MD

**Integrative Life Solutions, Inc. 2511 Neudorf Road, Suite G, Clemmons, N C 27012**

**Phone: 336 778 1950 Fax: 336 778 1934 email: [info@integrativelivesolutions.com](mailto:info@integrativelivesolutions.com)**

**I have read and understand the HIPAA Privacy Notice**

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**Print Name**

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**Sign Name**

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**Date**