

## NOTICE OF PRIVACY PRACTICES

Effective 9/1/04

## THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

How Laura Mangum RD, LD may use or Disclose Your Health Information

The privacy of your health care information will be protected. The law permits me to use or disclose your health information for the following purposes:

- For Treatment We may use protected health information about you to provide you with, coordinate or
  manage medical treatments or services. We may disclose protected health information about you to doctors,
  nurses, technician, interns, and medical students.
- For Payment We may use and disclose protected health information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you. We may tell your health plan about the nutrition services you are going to receive to determine whether your plan will cover the treatment.
- As Required by Law We will disclose protected health information about you when required to do so by local state or federal law. If you are involved in a lawsuit or dispute we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by the requesting party, or us to tell you about the request or to obtain an order protecting the information requested.

## When We May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without
your written authorization. If you do authorize Laura Mangum to disclose your health information for another
purpose, you may revoke your authorization in writing at any time.

## You Have the Following Rights with Regards to Your Health Information

- Right to Inspect and Copy You have the right to inspect and copy protected health information that may be
  used to make decisions about your care. Usually this includes medical and billing records.
- Right to a Paper Copy of this Notice You have a right to a paper copy of this Notice at anytime by contacting us.
- Right to Amend If you feel that protected health information we have about you is incorrect or incomplete, you may ask to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted to us.

In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the protected health information kept by us.
- IS not part of the information which you would be permitted to inspect or copy; or

Signature	Name (print)	Date
	to amend my practice at any time and to mak uch amendment is made, Laura Mangum is rec	
Changes to this Notice of Privace	v Practices	
	officer which you would be permitted to inspect of the following which will be permitted to inspect of the following which will be permitted to inspect of the following will be permitted to the follo	or copy; or