



## Privacy Notice

Marie Rodriguez, ND, is required by law to maintain the privacy of Protected Health Information (PHI) and provide all patients with this notice to advise each patient of our legal duties and the privacy practices of our office.

This notice of privacy practices will describe various ways that we may use and disclose PHI to provide treatment, obtain payment, or for other specified purposes permitted or required by law. This notice will also describe your rights pertaining to PHI.

### Permitted Disclosures include the following:

- We may use your PHI to provide treatment. This includes communication with other physicians involved in your care.
- We may use your PHI to obtain payment. We will always disclose the minimum information required to process, expedite, or pursue payment.
- We may use your PHI to communicate with persons designated to be involved in your direct care.
- We may use your PHI for health related communications including reminder calls for appointment scheduled or appointments missed. We will always disclose the minimum information necessary for the communication. Please advise us if you do not wish to receive a reminder call.
- We may disclose PHI to the Food and Drug Administration (FDA) or any persons under the jurisdiction of the FDA if there is a concern of adverse effects related to specific drugs, foods, supplements, or products under surveillance for possible recall.
- We may disclose PHI, as required by law, to public health or legal authorities in charge of preventing/controlling disease.
- We may disclose PHI, as required by law for law enforcement purposes or judicial proceedings, in response to a subpoena or other legal process including a discovery request or a court order.
- We may disclose PHI to any researcher whose research has been approved by an institutional review board as having appropriate protocol to ensure the privacy of your information.

### Your Information Rights include the following:

- You may obtain a written copy of this notice upon request at any time.
- You may request specific restrictions on use or disclosure of your PHI by submitting the request in writing to Marie Rodriguez, ND, 1701 K St., NW, Ste 305, WASHINGTON, DC 20006. We are not required to agree to the additional restrictions; however, if the request is reasonable, we will honor it.
- You have the right to access your PHI contained in our record for the duration that the PHI is maintained in our office. To do so, we must receive a written request from you. By law, we are entitled to access a processing and copying fee of \$20.00, and a fee for the cost of the actual postage.
- You may request an amendment to your PHI if you feel that it is incorrect or incomplete. You must supply a written request that includes a reason that supports the requested amendment.
- You may request alternative means of communicating PHI. Your written request must include specifically how and where you would prefer to be contacted.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (print) \_\_\_\_\_