



Effective Date 10/2020

HIPAA Notice of Privacy Practices for Hawk Nutrition, LLC

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE VIEW IT CAREFULLY.

If you have questions about this notice, please contact: Aurora Hawk, owner of Hawk Nutrition, LLC; 424 Lexington Drive, Greensburg, PA 15601. Phone: 724-840-7655.

MY PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

Hawk Nutrition, LLC, understands that you and your health information is personal. I am committed to protecting health information about you. This notice applies to all of the records of your care generated by me. This notice will tell you about the ways in which we may use or disclose protected health information about you. It also describes your rights and certain obligations that I have regarding the use and disclosure of protected health information. The law requires me to:

- Make sure that protected health information that identifies you is kept private
- Notify you about how protect health information about you
- Explain, how, when, and why I would use and disclose protected health information
- Follow the terms of the notice that is currently in effect

I am required to follow the procedures in this notice. I reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that I maintain by:

- Posting the notice in my office
- Making copies of the revised notice available on request

HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose PHI information without your written authorization.

For Treatment: I may use PHI about you to provide you with, coordinate, or manage your medical treatment or services. I may disclose PHI about you to your physician, therapist, psychiatrist, or any health professional or agency that referred you to me, as part of my effort to coordinate care. I may also share PHI about you in order to obtain lab work, prescriptions, or psychological services. I may disclose PHI about you to people who provide services that are part of your medical care. I may also use and disclose PHI to contact you to remind you that you have an appointment for treatment with Hawk Nutrition, LLC. I may use and disclose PHI to tell you about or recommend possible treatment options or alternatives or other health-related services that may benefit you.

For Payment of Services: I may use and disclose PHI about you so that the treatment and services that you receive at Hawk Nutrition, LLC, may be billed to and payment may be collected from you, an insurance company or a third party. For example, I may need to give your PHI about nutrition services you received at Hawk Nutrition, LLC, so your



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health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: I may use your PHI for Hawk Nutrition, LLC, health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer service, and other activities. These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all of our clients receive quality care. For example, I may use PHI to review our treatment and services or to evaluate the performance of the dietitian who is providing your services. I may also combine PHI about multiple Hawk Nutrition, LLC, clients to decide what additional services I should offer, what services are not needed, and whether certain treatments are effective. I may also disclose PHI to doctors, nurses, technicians, medical students, therapists, psychiatrists, and other personnel for review and learning purposes.

Subject to applicable state law, the law allows or requires us to use or disclose your PHI without your authorization in some limited situations for purposes beyond treatment, payment, and operations.

As Required By Law: I will disclose PHI about you when required to do so by federal, state, or local law.

Research: I may disclose PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the proposal and established protocols to ensure the privacy of your information. I may permit researchers to review records to help identify clients who may be included in their research projects or for similar purposes as long as the researchers do not remove or take a copy of any health information.

To Prevent a Serious Threat to Health or Safety: I may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. I may also disclose PHI about you to a government authority if I reasonably believe that you are victim of abuse, neglect, or domestic violence. I will only disclose this type of information to the extent required by law, and I will only disclose it if you agree to the disclosure, or the disclosure is allowed by law and I believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Judicial and Administrative Proceedings: I may disclose your PHI in response to a court or administrative order. I may disclose your PHI 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 me or the representing party, to tell you about the request to obtain an order protecting the information protected.

Business Associates: I may disclose information to business associates who perform services on my behalf i.e. billing companies. However, I require that these associates appropriately safeguard your information. These business associates must protect the privacy of your PHI and are not allowed to use or disclose any information other than as specified in their contract.

Public Health: As required by law, I may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Health Oversight Activities: I may disclose PHI to a health oversight agency for activities authorized by law. These activities may include: audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.



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Law Enforcement: I may release PHI as required by law, or in response to an order or warrant of a court, subpoena, or an administrative request. I may also disclose PHI in response to a request related to identification or location of an individual, a victim of a crime, a decedent, or a crime on the premises.

Organ and Tissue Donation: If you are an organ donor, I may release PHI to an organ donation bank or to organizations that handle organ procurement or organ, eye, tissue transplantation, as necessary to facilitate organ or tissue donation or transplantation.

Special Government Functions: If you are a member of the armed forces, I may release PHI about you if it relates to military and veteran activities. I may also release your PHI for national security and intelligence purposes, protective services for the President, and medical suitability or determinations made by the Department of State.

Coroners, Medical Examiners, and Funeral Directors: I may release PHI to a coroner or medical examiner. This release may be necessary, for example, to identify a deceased person or determine the cause of death. I may also disclose PHI to funeral directors, consistent with applicable laws, to enable them to carry out their duties.

Correctional Institutions and Other Law Enforcement Custodial Situations: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

Worker's Compensation: I may disclose PHI as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Food and Drug Administration (FDA): I may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose PHI about you in the following circumstances:

-I may share with a family member, relative, friend, or other person identified by you PHI that is directly relevant to that person's involvement in your care or payment for your care. I may also share information to notify these individuals of your location, general condition, or death.

-I may share information with a public or private agency i.e. the American Red Cross for disaster relief purposes. Even if you object, I may still share this information if necessary, under emergency circumstances.

If you would like to object to use and disclosure of PHI in these circumstances, please call Hawk Nutrition, LLC.

YOUR RIGHTS REGARDING PHI ABOUT YOU

Right to Inspect and Copy: You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. If I maintain your PHI electronically, you can request that we provide access in an electronic form and format that is readily producible, or in a form and format agreed to by us.

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To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Aurora Hawk. If you request a copy of the information, I may charge a fee for the costs of copying, mailing, or supplies associated with your request. I may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I will respond to your request no later than 30 days after I receive it. There are certain situations in which we are not required to comply with your request. In these circumstances, I will respond to you in writing, stating why I will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend: If you feel that PHI I have about you is incorrect or incomplete, you may ask us to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted to Aurora Hawk. In addition, you must provide a reason that supports your request. I will act on your request for an amendment no later than 60 days after I receive it. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In these circumstances, I will provide you a written denial stating why I will not grant your request. In addition, I may deny your request if you ask me to amend information that:

- Was not created by me, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the PHI kept by Hawk Nutrition, LLC
- Is not part of the information that you would be permitted to inspect or copy
- Or I believe is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of disclosures I made of PHI about you. To request this list of disclosures, you must submit your request in writing to Aurora Hawk. You may ask for disclosures made within the six years before your request. The first list you request within a 12 month period will be free. For additional lists in that 12 month period, I may charge you for the costs of providing the list. I am required to provide a list of all disclosures except the following:

- Disclosures made for your treatment
- Those used for billing and collection of payment for your treatment
- Those related to health care operations
- Those made to you or requested by you, or those whom you authorized
- Those that occurred as a byproduct of permitted use and disclosures
- Those used for national security or intelligence purposes, or provided to correctional institutions or law enforcement regarding inmates
- Those that were part of a limited data set of information that does not contain information identifying you

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Right to Request Restrictions: You have a right to request a restriction or limitation on the PHI I use or disclose about you for your treatment, payment, or health care operations, or to people involved in your care. I am not required to agree to your request. If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is required by law. To request restrictions, you must make your request in writing to Aurora Hawk.

Right to Request Confidential Communications: You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or my mail. To request confidential communications, you must make your request in writing to Aurora Hawk. I will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time. To receive a paper copy, please contact Aurora Hawk.

Right to Receive Notice of Breach: You have a right to be notified upon a breach of any of your unsecured PHI.

Rights for Out-of-Pocket Payments: If you paid out of pocket in full for a specific item or service, you have a right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. I am required to agree to your request unless the disclosure is otherwise required by law.

TYPES OF USES AND DISCLOSURES REQUIRING AN AUTHORIZATION

Most uses and disclosures of PHI require me to obtain an authorization from you. In most instances, I cannot use or disclose your PHI for marketing purposes or sell your PHI without your written authorization. Any other use or disclosure not described in this notice will be made only with your authorization. Any time you provide me with a written authorization, you make revoke it any time in writing, to the extent that I have not already taken action in reliance on your previous authorization.

OTHER USES AND DISCLOSURES

I will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or as otherwise permitted or required by law. You may revoke this authorization in writing at any time. Upon receipt of the written revocation, I will stop using or disclosing your information, except to the extent that I have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Aurora Hawk or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, I will not take any action against you or change our treatment of you in any way.

CHANGES TO THIS NOTICE



Hawk Nutrition, LLC
"Helping You Fly Away From Diet Culture"

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I reserve the right to change this Notice and make the new Notice apply to health information I already have, as well as any information I receive in the future. I will post a copy of our current Notice in my office. The notice will have the effective date clearly marked on the top of the page.

Please note that any information submitted through email or over the internet cannot be guaranteed as protected. You are sending this information at your own risk. The most secure communication is done by phone, regular mail, or in person.

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