

Wellness Lane

Classical Homeopathy and Wellness Consultation

Kim Lane, MD  5849 Evergreen Lane  Shoreview, MN 55126
651.341.6626  WellnessLane@comcast.net  www.wellnesslane.org

Notice of Privacy Practices Effective Date: 01/01/2007

THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

For more information about the law, go to: www.cms.hhs.gov/hipaageninfo/

OUR OBLIGATIONS:

We are required by law to:

1. Maintain privacy of protected health information.
2. Give this notice of our legal duties and privacy practices regarding health information about you.
3. Follow the terms of our notice that is still in effect.

HOW MAY WE USE AND DISCLOSE HEALTH INFORMATION:

Described below are the ways we may use and disclose health information that identifies you (“Health Information”). Except for the following purposes, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by written notice.

PERMITTED USES:

We may use and disclose your Health Information for:

Treatment. We may use and disclose Health Information for your treatment to provide you with treatment related health services with your permission to providers outside of Wellness Lane, LLC.

Payment. If you request your insurance company to pay for any consultation they may need to obtain your health records. This is again with your written consent.

SPECIAL SITUATIONS:

We may use and disclose your Health Information without your specific authorization for:

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- **Appointment reminders, treatment alternatives and health related benefits and services.** We may use and disclose Health Information to contact you and remind you that you have an appointment with Wellness Lane, LLC. WE may also use and disclose Health Information to tell you about treatment alternatives or health related benefits and services that may be of benefit to you.

9/18/2007

- **As required by Law.** We will disclose Health Information when required to do so by international, federal, state or local law. We will make an attempt to contact you to inform you of this legal request.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat. You will be informed.
- **Research.** We may disclose information to outside researchers, solely for the purposes of medical or scientific research, after we have made reasonable efforts to disclose this intent to you. We will attempt to obtain your written authorization to such a release and you may object, in which case your record would not be released. If we have been unable to contact you, we are allowed to complete the disclosure of the information, removing identifiable data-except perhaps-age, sex, occupation.
- **Business associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Fro example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recall of products that they may be using; a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities

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- include for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.
- **Law Enforcement.** We may release Health Information if asked by law enforcement official if the information is: (1) in response to a court order or federal grand jury subpoena; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain circumstances we are unable to obtain the person's agreement; (4) about a death we may believe is the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in a emergency to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.
 - **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to the coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We also may release Health Information to funeral directors as necessary for their duties.
 - **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
 - **National Security and Intelligence Activities.** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
 - **Independent Medical Examination.** We may disclose Health Information created as part of an independent medical evaluation or consultation to a third party who requested or paid for the examination.

Wellness Lane, LLC will obtain your consent prior to use or disclosure of your Health Information for:

- **Individuals Involved in Your Care or Payment for Your Care.** We may share Health Information with a person who is involved in your health care or payment for your care, such as your family or a close friend. In an emergency, we also may notify, without your consent, your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Organ or Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, or tissues to facilitate organ, eye or tissue donation; and transplantation.

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- **Military or Veterans.** If you are a member of the armed forces, we may release Health Information as required by the military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Lawsuits and Disputes.** If you are involved in a law suit or dispute, we may disclose, without your consent, Health Information in response to a court order or federal grand jury subpoena. We also may disclose Health Information 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 to tell you about the request or to obtain an order protecting the information requested.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or the law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

YOUR RIGHTS:

You have the following rights regarding Health Care Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your health care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make a request in writing.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Wellness Lane, LLC.

Right to Accounting Disclosure. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Wellness Lane, LLC.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment or health operations.

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You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to Wellness Lane, LLC. If this is a greater restriction than provided by this notice, we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communication. You have the right to request that we communicate with you about medical matters in a certain way or certain location. For example, you can ask that we only contact you at home or work. To request confidential communication, please make your request in writing to Wellness Lane, LLC. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests and will inform you if we are unable to comply with your request.

Right to Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you agreed to receive a copy of this notice electronically, you are still entitled to a paper copy. Just ask at your next visit.

Changes to this notice:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. A current copy will be available at our office. The notice will contain the effective date on each page.

COMPLAINTS: If you believe your privacy has been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint call or write to us –Our goal is to provide excellent and confidential service. There is no penalty for filing a complaint.

Email: You may request that we communicate with you by e-mail in regard to your private health information. Due to the risk that electronic messages can be misdirected or intercepted by unintended parties, one can not and does not guarantee the confidentiality of messages sent over the internet. In addition, messages sent to or received from work email accounts also may be monitored or viewed by your employer. We do not believe that we should communicate private health information with you via e-mail unless you agree to do so, after you have considered these risks.