

2. Access, Inspect and Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, with the exception of psychotherapy notes. You must submit your request in writing (request form) and submitted to our Compliance officer. We may charge a fee for this service but will notify you, in advance, if a fee will be charged.

3. Amendments: You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing (request form) and submitted to our Compliance officer. You must provide us with a reason that supports your request for amendment. We may deny your request if the information was not created by us, we believe the information is incomplete and inaccurate or other reasons as defined by HIPAA.

4. Accounting of Disclosures: You may ask us to provide you with an accounting of any disclosures of your PHI not covered by this notice or any authorization that you have signed. Your request must be in writing (request form). We may charge a fee if more than one request is made in a 12 month period. You will be notified in advance if a fee will be charged.

5. Right to a copy of this notice: You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. Contact us to obtain a copy.

6. Right to file a complaint: If you have questions or a problem about how we have handled your PHI or feel that your rights have been violated, you can request and complete out complaint form or contact our Compliance Officer.

You may also file a complaint with the Secretary of the Department of Health and Human Services. We will not penalize you or retaliate against you if you file a complaint.

OUR RESPONSIBILITIES:

We take our responsibilities for protecting your health information very seriously. Our responsibilities include:

1. We will abide by the terms of this Notice.
2. We will provide you with a copy of this Notice upon request.
3. We will use appropriate measures to safeguard and maintain the privacy of your PHI as required by law.
4. We will reasonably accommodate your request for restrictions on our use or disclosure of PHI. We reserve the right to determine the reasonableness of the request. We will notify you if we are unable to accommodate your request.
5. Where possible and reasonable, we will accommodate your request for confidential communications. We reserve the right to determine the reasonableness of the request.
6. We welcome your suggestions and recommendations for improving our services and obligations under this Notice. Please feel free to write down your comments or suggestions and give them to us.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility. The notice will contain on each page, in the top right- hand corner, the effective date. Should our notice be revised, we will also post the revised notice at Natura Medica website, nautramedicamystic.com.

FURTHER INFORMATION:

If you require further information, please contact the Officer Manager at (860) 572-9566.