

NOTICE OF PRIVACY PRACTICES

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.

Living Medical Arts respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or compels us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For payment :

- We request payment from your health insurance plan if we are contracted providers. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.
- We bill you for amounts due which have not been paid at the time of service. We may send your account to a collection agency and take other measures permitted by law to collect money you owe us that we have been unable to collect from you by our normal billing processes.

For health care operations:

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to inform you of fund-raisers or other services of the Clinic.
- We may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health insurance plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

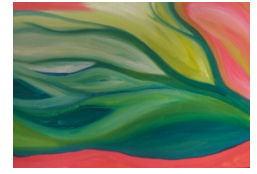
The health and billing records we create and store are the property of Living Medical Arts, The protected health information in it, however, generally belongs to you.

- You may request and receive from us a paper copy of our most current Notice of Privacy Practices for Protected Health Information (“Notice”), and ask questions about this Notice.
- You may ask us to restrict certain uses and disclosures of your protected health information. You must deliver this request in writing to us. We are not required to agree to those restrictions, but will review your request and inform you of any action taken. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business.
- In most cases you may inspect and obtain a copy of your protected health information. You must make this request in writing. We may charge you fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.
- In case of a denial to allow you access to your records, you may have another health care provider of the same



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Mandy Gulla ND, LM, LMP, Wellness Consultant



specialty review your records and our denial of access to them—except in certain circumstances.

- You may ask us to change our record of your health information. You must give us this request in writing, and include a reason that supports your request. In certain cases, we may deny your request for amendment. If your request is denied, you may write a statement of disagreement. It will be stored in your medical record, and included with any release of your records.
- You may request and receive an accounting of disclosures of your protected health information that we have made since April 15, 2003, for most purposes other than treatment, payment, or health care operations. This accounting will not include disclosures to third party payers.
- You may ask that your health information be given to you by another means or at another location. For instance, you may request that we contact you at a different residence or PO Box. To request confidential communication of your PHI, you must submit a signed and dated written request, telling us how or where you would like to be contacted. We will accommodate all reasonable requests.
- You may cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have received your revocation. Sometimes you cannot cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities

We are required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

To Ask for Help or Make a Complaint

If you have questions about this notice, want more information, want to request forms for submitting written requests, or want to report a problem about the handling of your protected health information, you may contact:

Living Medical Arts PLLC.

640 Mullis St. Friday Harbor, WA 98250 • Ph: (360) 472-0447 • www.LivingMedicalArts.com

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it. We may ask you to provide a written statement listing persons with whom you wish your health information to be shared, and those to whom you do not wish your information to be given.

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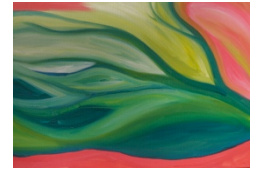
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Incidental Disclosures

Living Medical Arts will make reasonable efforts to avoid incidental disclosures of protected health information.

Examples of ways in which we work to protect against such disclosures are:

- having patients check out one at a time at the front desk, with others being asked to wait until called up;
- keeping patient charts in areas where only appropriate staff have access to them;
- protecting the anonymity of our patients and the confidentiality of their PHI in conversations in areas
- where other patients or unauthorized personnel are present or might overhear;
- asking and gaining your permission before admitting students to observe or assist in your care.

Minors:

- If you are a minor who has lawfully provided consent for treatment and you wish for us to treat you as an adult for purposes of access to and disclosure of records related to this treatment, you may notify the doctor.

We are permitted to use and disclose your protected health information without your authorization as follows:

- To medical researchers— if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply with workers' compensation laws if you make a workers' compensation claim.
- For Public Health and Safety purposes as allowed or required by law:
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - to public health or legal authorities in order to protect public health and safety.
 - to prevent or control disease, injury, or disability.
 - to report vital statistics such as births or deaths.
- To report suspected Abuse or Neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For Health and Safety oversight activities . For example, we may share health information with the Department of Health.
- For Disaster Relief Purposes . For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For Work-Related Conditions That Could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of U.S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to a military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For Specialized Government Functions. For example, we may share information for national security purposes.
- Other Uses and Disclosures of Protected Health Information
- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Effective Date: April 15, 2003

HIPAA FINAL RULE: GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) DEFINITIONS

February 15, 2013. Today, we present several new definitions relating to the Genetic Information Nondiscrimination Act

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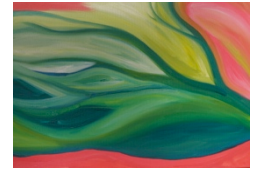
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(GINA), which addressed the application of the HIPAA Privacy Rule to genetic information. The definitions are in the Final Rule: *Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules Under the Health Information Technology for Economic and Clinical Health Act [HITECH Act] and the Genetic Information Nondiscrimination Act; Other Modifications of the HIPAA Rules*, which was published in the Federal Register on January 25, 2013. The effective date of the Final Rule is March 26, 2013, and covered entities and business associates must comply by September 23, 2013.

The Final Rule states: “The Genetic Information Nondiscrimination Act of 2008, Public Law 110-233, 122 STAT. 881, prohibits discrimination based on an individual’s genetic information in both the health coverage and employment contexts. With respect to health coverage, Title I of GINA generally prohibits discrimination in premiums or contributions for group coverage based on genetic information, proscribes the use of genetic information as a basis for determining eligibility or setting premiums in the individual and Medicare supplemental (Medigap) insurance markets, and limits the ability of group health plans, health insurance issuers, and Medigap issuers to collect genetic information or to request or require that individuals undergo genetic testing. Title II of GINA generally prohibits use of genetic information in the employment context, restricts employers and other entities covered by Title II from requesting, requiring, or purchasing genetic information, and strictly limits such entities from disclosing genetic information... “In addition to these nondiscrimination provisions, section 105 of Title I of GINA contains new privacy protections for genetic information, which require the Secretary of HHS to revise the Privacy Rule to clarify that genetic information is health information and to prohibit group health plans, health insurance issuers (including HMOs), and issuers of Medicare supplemental policies from using or disclosing genetic information for underwriting purposes.” 78 *Federal Register* 5658-5659

Below are new GINA-related definitions for the discussion in this series on the January 25, 2013, Final Rule Modifications as they relate to HIPAA Privacy Rule provisions. 45 CFR 160.103, at 78 *Federal Register* 5688-5689
Family member means, with respect to an individual:

- (1) A dependent (as such term is defined in 45 CFR 144.103), of the individual; or
- (2) Any other person who is a first-degree, second-degree, third-degree, or fourth-degree relative of the individual or of a dependent of the individual. Relatives by affinity (such as by marriage or adoption) are treated the same as relatives by consanguinity (that is, relatives who share a common biological ancestor). In determining the degree of the relationship, relatives by less than full consanguinity (such as half-siblings, who share only one parent) are treated the same as relatives by full consanguinity (such as siblings who share both parents).
 - (i) First-degree relatives include parents, spouses, siblings, and children.
 - (ii) Second-degree relatives include grandparents, grandchildren, aunts, uncles, nephews, and nieces.
 - (iii) Third-degree relatives include great-grandparents, great-grandchildren, great aunts, great uncles, and first cousins.
 - (iv) Fourth-degree relatives include great-great grandparents, great-great grandchildren, and children of first cousins.

Genetic information means:

- (1) Subject to paragraphs (2) and (3) of this definition, with respect to an individual, information about:
 - (i) The individual’s genetic tests;
 - (ii) The genetic tests of family members of the individual;
 - (iii) The manifestation of a disease or disorder in family members of such individual; or
 - (iv) Any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member of the individual.
- (2) Any reference in this subchapter to genetic information concerning an individual or family member of an individual shall include the genetic information of:
 - (i) A fetus carried by the individual or family member who is a pregnant woman; and
 - (ii) Any embryo legally held by an individual or family member utilizing an assisted reproductive technology.
- (3) Genetic information excludes information about the sex or age of any individual.

Genetic services means:

- (1) A genetic test;
- (2) Genetic counseling (including obtaining, interpreting, or assessing genetic information); or
- (3) Genetic education.

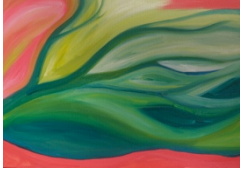
Genetic test means an analysis of human DNA, RNA, chromosomes, proteins, or metabolites, if the analysis detects

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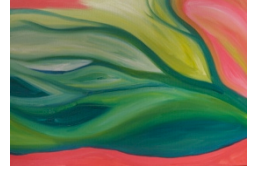
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genotypes, mutations, or chromosomal changes. Genetic test does not include an analysis of proteins or metabolites that is directly related to a manifested disease, disorder, or pathological condition. *Manifestation or manifested* means, with respect to a disease, disorder, or pathological condition, that an individual has been or could reasonably be diagnosed with the disease, disorder, or pathological condition by a health care professional with appropriate training and expertise in the field of medicine involved. For purposes of this subchapter, a disease, disorder, or pathological condition is not manifested if the diagnosis is based principally on genetic information. In addition to the new GINA-related definitions above, the definition of *Health information* below was revised “to make clear that the term includes ‘genetic information’.

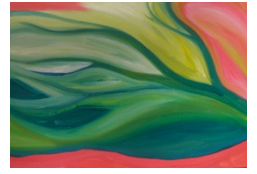
Health information means any information, including genetic information, whether oral or recorded in any form or medium, that:

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.



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RELEASE OF CONFIDENTIAL INFORMATION

This disclosure pertains to HIPAA – The Health Insurance Portability and Accountability Act of 1996, also known as Kennedy-Kassebaum Act. HIPAA calls for, among other things, security standards protecting the confidentiality and integrity of “individually identifiable health information,” past, present and future. Your medical records will be kept confidential and only you the patient will have access to them, except in certain circumstances, for example for billing purposes, your insurance company may request your records in order to clear a claim. When you signed with your insurance company you already signed for the release of relevant records if necessary. Also, when you need authorization from your insurance company to see a specialist, your insurance company may request a copy of your records. In order to continue your care through a specialist, we may fax or mail or give verbal knowledge of your medical history to the specialist.

_____ I received a copy of “Notice of Privacy Practices”. This is to inform you that due to Federal Law (HIPAA),
 (Initials) effective April 15, 2003, we may only release medical information to the following:

- 1.) Healthcare providers involved in your care
- 2.) Insurance companies to secure payment
- 3.) Laboratories involved in your care
- 4.) Attorneys with your permission

By HIPAA standards, we are not allowed to discuss your medical problems with your spouse, significant other, or adult children. Please indicate if you would like us to speak with your spouse/significant other, or adult child if and when the need arises. Note: if you decide to revoke your permission at any time, we will need a written revocation.

YES, you have my permission to discuss any medical matters pertaining to my health with:

_____ (name of person, please print) _____ relationship
 _____ (name of person, please print) _____ relationship
 _____ (name of person, please print) _____ relationship

Signature: _____ Date: _____

YES, you have my permission to allow the listed people below to be in the room during my treatment:

_____ (name of person, please print) _____ relationship
 _____ (name of person, please print) _____ relationship
 _____ (name of person, please print) _____ relationship\

Signature: _____ Date: _____

By HIPAA standards, we are not allowed to leave results of your lab tests, x-rays, diagnostics, medications, etc., related to your specific health condition on your voicemail, answering machine, fax, etc. However, if you feel that your message retrieval system is safe and your information is protected, you must give us your written consent to allow us to leave your information on your messaging systems. Please choose one of the options below. Note: if you would like to revoke your option at any time, we will need your written notification.

_____ Appointment reminders and any information regarding your treatment may be
 (Initials) called to (check below):

_____ My home or answering machine Phone: _____
 _____ My Cell or voice mail Phone: _____
 _____ My Work or voice mail Phone: _____
 _____ email _____

_____ I acknowledge that email can be less secure than other forms of communication.
 _____ Current Mailing Address: _____

Emergency Contact/Relation: _____ Phone: _____

Emergency Contact/Relation: _____ Phone: _____

Emergency Contact/Relation: _____ Phone: _____

Date of Birth: _____

Patient Signature

Date

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