

Four Winds Natural Healing Center, Inc.

HIPPA Notice of Privacy Policies to Clients

I. OUR PLEDGE TO YOU

By law we are required to keep your health records safe. In this notice your health records means any record of your health, address, phone, e-mail and payment while you are a client at Four Winds Natural Healing Center, Inc. The healthcare providers at Four Winds Natural Healing Center, Inc. have created a detailed record of the care and services you have received while at our office. This record will remain private as required by law. Below you will find our privacy policy regarding all of your records kept at Four Winds Natural Healing Center, Inc.

II. WHO WILL FOLLOW THESE PRIVACY PRACTICES

All clinical herbalists, support staff, apprentices and volunteers at Four Winds Natural Healing Center, Inc. will follow the following practices.

III. HOW YOUR MEDICAL RECORDS MIGHT BE USED

1. By employees and volunteers at Four Winds Natural Healing Center, Inc. as necessary to perform their job duties.
2. You may designate certain individuals to be involved in your care. Written permission will be required to share your Private Health Information (PHI) with another person.
3. Your PHI may be used in case of emergency to let family and friends know where and how you are.
4. When required for public health reports.
5. When required by law – i.e. a request from a law enforcement or legal order.
6. When required by military authorities, if you are a member of the military or a veteran.

IV. YOUR AUTHORIZATION WILL BE REQUIRED

Your written permission will be required before we use or share your PHI under any circumstances not listed in section III (see above). You may revoke your written permission at any time.

V. ACCESS TO YOUR OWN PHI

You are welcome to review and obtain a copy of your PHI held by Four Winds Natural Healing Center, Inc. A fee of \$75-125 will be collected to cover the cost of copying and/or mailing your PHI. You must submit a written request for your records and detail how and where you would like to receive your records. We will honor all reasonable requests to communicate your PHI in a confidential way, for example sending your PHI to an address other than your home.

VI. COMPLAINTS AND APPEALS

Please, contact the clinic director if you feel your privacy rights have been violated.

Nicholas Schnell
Four Winds Natural Healing Center, Inc.
316 N 115th Street
Omaha, NE 68154
402-933-6444

Or, you may contact the Secretary of the United States Department of Health and Human Services.

Medical Privacy Complaint Division
Office for Civil Rights
United States Department of Health and Human Services
200 Independence Avenue, SW – Room 506F
Washington, DC 20201
www.hhs.gov/ocr
Hotline: 800-368-1019

We will not take any action against you for filing a complaint.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 1, 2012.

VIII. I ACKNOWLEDGE THE RECEIPT OF THIS NOTICE

Patient Name: _____ Date: _____

Patient Signature: _____

I hereby grant the following individuals to have access to my PHI:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Patient Name: _____ Date: _____

Patient Signature: _____