



## **Notice of Privacy Practices**

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information.

If you have any questions about this notice, please contact:

*Jessica Germanese, RD, LD*  
*JGnutritiontherapy@gmail.com*  
*314-560-1873*

### **Confidentiality:**

With the exception of special situations described below, I understand that sessions with Jessica are completely confidential. Nothing will be released or disclosed to anyone, unless I provide written authorization.

I understand there are limits to my confidentiality, including the following:

- Where there is the risk of imminent harm to myself or another person, Jessica has the legal and/or ethical duty to take the appropriate steps to protect life.
- When a court orders Jessica to release information, Jessica is bound by law to comply.
- In response to a subpoena from a court of a law or a secretary

I understand that Jessica will keep brief session notes as a record of our work together. These notes document the topics discussed, interventions used and any other considerations that may be helpful to our work together. The records are maintained in a secure location. Germanese Nutrition Consulting, LLC will keep your records for three years after the last contact, after which time information will be securely disposed of.

### **I. My pledge regarding protected health information:**

I, owner of Germanese Nutrition Consulting, LLC understand that protected health information about you and your health is personal. I am committed to protecting health information about you. This Notice applies to all of the records of your care generated by Germanese Nutrition Consulting, LLC.

This Notice will tell you about the ways in which I may use and disclose protected health information about you. I also describe your rights and certain obligations 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 I protect protected health information about you;
- explain how, when and why I 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 protected health information that I maintain by:

- making copies of the revised Notice available upon request.

## **II. How I may use and disclose protected health information about you:**

The following categories describe different ways that I may use and disclose protected health information without your written authorization.

**For Treatment:** I may use protected health information about you to coordinate or manage your care. I may disclose protected health information about you to doctors, therapists, nurses, technicians and other personnel who are involved in taking care of you. I may use and disclose protected health information to contact you as a reminder that you have an appointment. I may use and disclose protected health information to tell you about or recommend possible treatment options or services that may be of interest to you.

**For Payment for Services:** I may use and disclose protected health information about you so that the services you receive from Germanese Nutrition Consulting, LLC may be reimbursed to you. For example, I may need to give your health insurance plan information about nutrition services you received from Germanese Nutrition Consulting, LLC so your health plan will reimburse you for the service. Please note I do not accept any insurance plans for the services I provide. Payment is due at the time of service. (see Financial Agreement)

**For Health Care Operations:** I may use and disclose protected health information about you for Germanese Nutrition Consulting, LLC health care operations, such as my quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to make sure that all of my clients receive quality care.

For example, I may use protected health information to review the treatment and services provided and to evaluate my performance as a dietitian. I may also combine protected health information about my clients to decide what additional services I should offer and what services are not needed. I may also disclose information to doctors, therapists, nurses, technicians and other dietitians for learning purposes.

Subject to applicable state law, in some limited situations the law allows or requires me to use or disclose your health information for purposes beyond provision of services, payment, and operations. However, some of the disclosures set forth below may never occur.

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

**Health Risks:** I may disclose protected health information about you to a government authority if I reasonably believe you are a victim of abuse, neglect or domestic violence. I will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if 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:** If you are involved in a lawsuit or dispute, I may disclose your information in response to a court or administrative order. I may also disclose health information about you 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 requesting party, to tell you about the request or to obtain an order protecting the information requested.

**Business Associates:** I may disclose information to business associates who perform services on my behalf (lawyers, accountants, computer technicians) however I require them to appropriately safeguard your information.

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

**To Avert a Serious Threat to Health or Safety:** I may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Health Oversight Activities:** I may disclose protected health information to a health oversight agency for activities authorized by law. These activities 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.

**Law Enforcement:** I may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. I may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

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

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

**Food and Drug Administration:** I may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

### **III. You can object to certain uses and disclosures.**

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

- I may share with a family member, relative, friend or other person identified by you, protected health information 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 and general condition.

### **IV. Your rights regarding protected health information about you:**

You have the following rights regarding protected health information I maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy protected health information that may be used to make decisions about your care. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to *Germanese Nutrition Consulting, LLC*. If you request a copy of the information, I may charge a fee for the costs of copying, mailing or other supplies associated with your request, and I will respond to your request no later than 30 days after receiving it.

**Right to Amend:** If you feel that protected health information I have about you is incorrect or incomplete, you may ask me to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to *Germanese Nutrition Consulting, LLC*. 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 receiving the request.

I may deny your request for an amendment if it is not in writing or does not include a reason to support the request and I will provide a written denial to you. 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 protected health information kept by Germanese Nutrition Consulting, LLC.
- Is not part of the information which you would be permitted to inspect and 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 the disclosures I made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Germanese Nutrition Consulting, LLC. You may ask for disclosures made up to three years before your request. I am required to provide a listing of all disclosures except the following:

- For your care
- For billing and collection of payment for your treatment
- For health care operations
- Made to or request by you, or that you authorized
- Occurring as a byproduct of permitted use and disclosures.

- For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates
- As part of a limited data set of information that does not contain information identifying you

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information I use or disclose about you for services, payment or health care operations or to persons 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 with emergency care or if the disclosure is to the Secretary of the Department of Health and Human Services.

To request restrictions, you must make your request in writing to *Germanese Nutrition Consulting, LLC*.

**Right to Request Confidential Communications:** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by email.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time by contacting Germanese Nutrition Consulting, LLC.

#### **V. Other uses and disclosures:**

I will obtain your written authorization before using or disclosing your protected health information for purposes other than those provided above (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 we have already taken action in reliance on the authorization.

#### **VI. You may file a complaint about my privacy practices.**

If you believe your privacy rights have been violated, you may file a complaint with Germanese Nutrition Consulting, LLC 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 the care and services I provide.



**Acknowledgement of Receipt of Notice of Privacy Practices**

*Please sign this page and bring it to your first appointment.*

*Thank you.*

I, \_\_\_\_\_, have received a copy of  
*Germanese Nutrition Consulting, LLC* HIPAA Privacy Practices.

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Guardian/Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

It is your right to refuse to sign this document.



## Communication Agreement

Should I, \_\_\_\_\_ decide to use an email system, fax and/or text message to contact my dietitian, I understand and accept the following terms:

1. My dietitian is the only person using the computer, phone, and email system. However, complete privacy cannot be guaranteed due to the state of computer technology.
2. Given that email or text messages might be generated from, or to, your home, office, or public place there is no way to guarantee the confidentiality of the email or text at that end of the communication.
3. The system used by my dietitian is not equipped with encryption or firewalls, etc. However, the email and phone system is not used by any other person.

Preferred mode of communication (please check ) \_\_\_\_\_ Phone \_\_\_\_\_ Email

**Phone number (preferred):** \_\_\_\_\_

Circle one: work home cell

Please check () to indicate whether or not I may communicate with you via **text message**: \_\_\_\_\_ No \_\_\_\_\_ Yes

Please check () if a **voice mail** may be left on the following phone numbers

\_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ None

**Email Address:** \_\_\_\_\_

Please check () to indicate whether or not I may communicate with you via **email**: \_\_\_\_\_ No \_\_\_\_\_ Yes

Client/Guardian Name (please print): \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dietitian Signature: \_\_\_\_\_ Date: \_\_\_\_\_