

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 9/14/2020

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact our office at 801-274-3392 or email us at office@dexabody.com.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

Dexa Body understands that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all records of your care generated by Dexa Body, whether made by Dexa Body personnel or your personal doctor.

This Notice will tell you about the ways we may use and disclose protected health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to:

- Make sure that protected health information that identifies you is kept private;
- Notify you about how we protect protected health information about you;
- Explain how, when and why we use and disclose protected health information;
- Follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in the Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all protected health information that we maintain by:

- Posting the revised Notice in our office;
- Providing you with a copy of the revised Notice upon request;
- Posting the revised Notice on our website.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

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

For Treatment. We may use protected health information about you to provide, coordinate or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other Dexa Body personnel who are involved in providing services to you.

Dexa Body staff may also share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people outside Dexa Body who may be involved in your medical care, such as other health professionals and clergy or others we use to provide services that are part of your care.

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at Dexa Body. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

For Payment of Services. We may use and disclose protected health information about you so that the treatment and services you receive at Dexa Body may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to provide your health insurance provider information about nutrition services you receive at Dexa Body so your insurer will pay us or reimburse you for the services. We may also tell your health insurer about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose protected health information about you for health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all of our clients receive quality care.

For example, we may use protected health information to review our treatment and services and to evaluate the performance of the dietitian who is providing your services. We may also combine protected health information about many Dexa Body clients to decide what additional services the practice should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to other Dexa Body personnel for review and training purposes. We may also combine the protected health information we have with protected health

information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also contact you as part of a fundraising effort.

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

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

Research. We may disclose your personal health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Health Risks. We may disclose protected health information about you to a governmental authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information (i) to the extent required by law, (ii) if you agree to the disclosure, or (iii) if the disclosure is allowed by law and we 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, we may disclose your information in response to a court or administrative order. We 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 us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates. We may disclose information to business associates who perform services on our behalf (such as billing companies); however, we require them to agree to safeguard your information.

Public Health. As required by law, we 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. We 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. We 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. We 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. We 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.

Organ and Tissue Donation. If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Special Government Functions. If you are a member of the armed forces, we may release protected health information about you if it relates to military and veterans' activities or services. We 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. We 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. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Correctional Institutions and Other Law Enforcement Custodial Situations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

Worker's Compensation. We may disclose information necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Food and Drug Administration. We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods,

supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

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

- We 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. We may also share information to notify these individuals of your location, general condition or death.
- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to the use and disclosure of protected health information in these circumstances, please call or write to our contact person listed on page 1 of this Notice.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we 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. Usually, this includes medical and billing records.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to Dexa Body. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend. If you feel that any protected health information we have about you is incorrect or incomplete, you may ask us to amend or supplement the information.

To request an amendment, your request must be made in writing and submitted to Dexa Body. In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, 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 us;
- Is not part of the information which you would be permitted to inspect and copy; or
- We believe to be 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 we made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Dexa Body. You may ask for disclosures made up to six years before your request (not including disclosures made before April 14, 2003). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For health care operations
- Made to or request by you, or that you authorize
- 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 we use or disclose about you for treatment, payment or health care operations or to persons involved in your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of

the Department of Health and Human Services, or the disclosures is for one of the purposes described on pages 3-4.

To request restrictions, you must make your request in writing to Dexa Body.

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

To request confidential communications, you must make your request in writing to Dexa Body. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time by contacting Dexa Body.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for 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, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT YOUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Dexa Body 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.

We will not take any action against you or change our treatment of you in any way solely in response to you filing a complaint.

ACKNOWLEDGMENT

I understand that the Registered Dietitian Nutritionists at Dexa Body are not physicians trained to diagnose, give medical advice or treat medical problems. I agree to keep the staff of Dexa Body informed of any changes in my medical condition. Successful medical nutrition therapy and self-care education involve behavioral change. This change requires that I keep my scheduled appointments.

I also understand that the success I achieve in this program strongly depends on my ability to make permanent changes in my eating and exercise behavior. I agree to follow up with the staff of Dexa Body for scheduled counseling sessions as needed. I am aware that the staff makes no claims or warranties regarding the results I may obtain under their direction.

I do allow Dexa Body to email me through the email address that I provided. Please note that your email account may not be secure, and Dexa Body is not responsible for ensuring HIPAA compliance when personal, work, or any email address(es) are provided as a method of communication.

I have been informed that Dexa Body does not participate in Medicare. I have read the information contained in this document and understand that there are fees associated with no-shows, co-pay, deductible, and fees for service. I understand that if my account is sent to a debt collector that additional fees may be assessed or incurred. I understand that late arrivals may decrease counseling time or be rescheduled with a fee. Any balances not approved or covered by my insurance company are my financial responsibility even if insurance stated benefits prior to appointment. I understand that insurance benefits are quoted and are NOT a guarantee of payment. I agree to inform Dexa Body immediately if I have any changes to my coverage.

By signing below, you acknowledge and accept the policies and financial liability. If applicable, you are allowing Dexa Body to bill your insurance for your nutrition visits.