



# Tree of Life Health and Wellness

510 West State Street  
Ithaca, New York 14850  
(607) 256-LIFE  
www.IthacaTreeofLife.com

## Notice of Privacy Practices

- We are required by law to maintain the privacy of the protected health information in your records and to provide you with this Notice of our legal duties and privacy practices with respect to that information.
- We are required to abide by the terms of this Notice currently in effect.
- We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and records that we have and continue to maintain. All changes in this Notice will be prominently displayed and available at our office.

Situations in which we may use or disclose information to others concerning your confidential health information:

- **Treatment:** We will use your health information to make decisions about your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your health information with another health care provider with whom we need to consult about your care. We will ask your permission before consulting others.
- **Payment:** We may need to disclose information in your health record to obtain reimbursement from you, from your health-insurance carrier, or from another insurer for our services to you. This may include verification of eligibility or coverage under a health plan, pre-certification and pre-authorization of care, or review of services for reimbursement. This information may also be used for billing, claims management and collection purposes, and related healthcare data processing through our system. We will ask you to sign a permission statement.

There are certain circumstances under which we may use or disclose your health information without first obtaining your Acknowledgement or Authorization.

- We may be required to report to certain agencies information concerning certain communicable diseases
- We may be required to report instances of suspected or documented abuse, neglect or domestic violence
- We are required to report to appropriate agencies and law-enforcement officials when you, or another person is in immediate threat of danger due to violent activity
- We must also provide health information when ordered by a court of law to do so
- We may contact you from time to time to provide appointment reminders or information that may be of interest to you.
- Under any circumstance, we will use or disclose only the minimum amount of information necessary from your health records to accomplish the intended purpose of the disclosure.

### Others Involved in Your Healthcare:

- Unless you object, we may disclose to a relative, a close friend or any other person you identify, health information that directly relates to that person's involvement in your health care.
- If you are unable to agree, we may disclose necessary information if we determine that it is in your best interest based on our professional judgment. We may disclose protected health information to notify a personal representative of your location, general condition or death.
- Finally, we may disclose protected health information to an authorized public or private entity to assist in disaster relief efforts.

### Communication Barriers and Emergencies:

- We may disclose your health information to obtain consent from you when there are communication barriers, and it is our professional judgment that you intend to consent.
- We may disclose your health information in an emergency treatment situation. We will try to obtain your consent as soon as possible after the delivery of treatment.
- If we are required by law, or necessity, to treat you, having attempted, but failing to obtain your consent, we may still use your protected health information to treat you.

Except as indicated above, your health information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. We likewise will not disclose your health-record information to:

- an employer for purposes of making employment decisions
- a liability insurer or attorney as a result of injuries sustained in an automobile accident
- educational authorities, without your written authorization

### Your rights regarding your health record information:

- You may request that we restrict the disclosures of your health information for treatment, payment and operations. We will comply, except for emergencies or required disclosures.
- You have a right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location.
- You have the right to inspect, copy, and/or request amendments to your health records. Access will not include information for use in a civil, criminal or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of records, which includes the copying, postage, and preparation.
- Requests for inspection, copying and/or amending your health records, and all requests related to your legal rights, must be made in writing and addressed to the Privacy Officer at our address. We will respond to your request in a timely fashion.
- You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your health information except for disclosures required for treatment, payment and healthcare operations, disclosures that require an Authorization, disclosure incidental to another permissible use or disclosure, and otherwise as allowed by law.
- You may file a written complaint to **Tree of Life Health and Wellness**, or to the Secretary of Health and Human Services if you believe that your privacy rights concerning your health records have been violated. There will be no retaliation for filing a complaint. More information is available at <http://www.hhs.gov/ocr/hipaa>.
- All questions concerning this Notice or requests made pursuant to it should be addressed to Dr. Joseph Morse or Dr. Laura Morse.