



Office Policies & General Information Agreement to Provide Nutrition Services

Introduction:

This Agreement has been created for the purpose of outlining the terms and conditions of services to be provided by _____ (“Registered Dietitian”) to _____ (“Client”) and legal guardian _____, (if Client is a minor) and to clarify the terms of the professional therapeutic relationship between Registered Dietitian and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Registered Dietitian prior to signing it.

Registered Dietitian Background and Qualifications:

The Eastside Christian Counseling Registered Dietitian is part of the Commission on Dietetic Registration (CDR). For more information on the dietitian, please visit the center's website at www.eastsidechristiancounseling.org.

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: June 26, 2018

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, please contact your practitioner at Eastside Christian Counseling.

MY PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

I 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 me. This Notice will tell you about the ways in which I may use and disclose protected health information about you. It also describes 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:

- posting the revised Notice in my office and
- making copies of the revised Notice available upon request.

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 about you without your written authorization.

- **For Treatment.** I may use and disclose protected health information about you to provide you with, coordinate, or manage your medical treatment or services. Specifically, I may share protected health information about you to the physician, therapist, or other health professional or agency that referred you to me, as part of my effort to coordinate your follow up care. I may also share protected health information about you in order to coordinate different things you need, such as prescriptions, lab work, or psychological services. I may disclose protected health information about you to people who provide services that are part of your medical care. And, I may use and disclose protected health information to contact you as a reminder that you have an appointment with me for medical nutrition therapy.
- **For Payment of Services.** I may use and disclose protected health information about you so that the treatment and services you receive from me may be billed to and payment may be collected from you, an insurance company, or a third party. For example, I may need to give your health plan information about the nutrition services you received so your health plan will pay me or reimburse you for the service. I may also tell your health plan 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.** I may use and disclose protected health information about you for my health care operations, such as my quality assessment and improvement activities, case management, business planning, customer services, and other activities. These uses and disclosures are necessary to run my practice, reduce health care costs, and make sure that all of my clients receive quality care. For example, I may use protected health information during professional supervision to review my treatment and services and to evaluate my performance. I may also combine protected health information about many of my clients to decide what additional services I should offer, what services are not needed, and whether certain treatment approaches are effective. I may also disclose information to doctors, nurses, therapists, fitness professionals, or other dietitians for review and learning purposes. I will always 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 clients are.

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

- **As Required by Law.** I will disclose protected health information about you when required to do so by federal, state, or local law.
- **Research.** I may disclose your protected 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.** 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 us 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 (such as billing companies); 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.
- **Organ and Tissue Donation.** If you are an organ donor, I 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, I may release protected health information about you if it relates to military and veteran's 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.
- 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, I 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. I may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- 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 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 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, general condition, or death.
- I may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, I may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or email me.

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. 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 me. 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. There are certain situations in which I am not required to comply with your request. In these circumstances, I will respond to you in

writing, stating why I will not grant your request and describe any rights you may have to request a review of my denial.

- 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 me. 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 me;*
 - *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 me. 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, I may charge you for the costs of providing the list. I am 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 requested 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 treatment, 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 emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described on pages 2-3. To request restrictions, you must make your request in writing to me.

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

communications, you must make your request in writing to me. I 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 me.

OTHER USES AND DISCLOSURES

I 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, I will stop using or disclosing your information, except to the extent that I have already acted in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT MY PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with me 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 my treatment of you in any way.

Please know that any information submitted via email or over the internet cannot be guaranteed as protected. You are sending this information at your own risk. If you are not comfortable with this policy, please communicate with me by phone, regular mail, or in person. Thank you for understanding.

Telephone & Emergency Procedures: If you need to contact myself between sessions, please leave a message with the administrative staff at (925) 257-0888 and your call will be returned as soon as possible. In a life-threatening emergency, please call 911 or go to your local emergency room or contact Contra Costa County Crisis Line at 1-800-833-2900.

Emails, Cell Phones, Computers And Faxes: It is very important to be aware that computers and unencrypted email, texts, and e-fax communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. While data on my laptop is encrypted, emails and e-fax are not. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers. My laptop is equipped with a firewall, virus protection and a password, and I backs up all confidential information from my computer on a regular basis onto an encrypted hard-drive. Please notify me if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your

desire to communicate on such matters. Please do not use texts, email, voicemail, or faxes for emergencies.

Payments & Insurance Reimbursement: Fee for service clients are expected to pay the standard fee rate of \$125 per 50 minutes at the time of service *unless other arrangements are made ahead of time. All clients are expected to pay the standard fee rate for services unless otherwise indicated and agreed upon* . This could include such things as extended sessions, telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information summaries, reading records, extended sessions, travel time, etc. A receipt copy of charges and payments is available upon request. Registered Dietitian reserves the right to periodically adjust the fee. Client will be notified 90 days in advance of any fee adjustment.

_____ Initials

Consultation: I consult regularly with other professionals regarding my clients; however, my client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained. _____ Initials

Cancellations: Since scheduling of an appointment involves the reservation of a time specifically for you, I require a minimum of 24 hours' notice for canceling an appointment. Unless we reach a different agreement, the arranged fee will be charged for sessions missed without such notification. This does not apply to emergency situations or illness. If you have a situation that may require you to be on call and could result in missed sessions, you need to make arrangements ahead of time. _____ Initials

Late Arrivals/Early Departures: When we set up an appointment, a specific amount of time is reserved especially for you. Late arrivals and unscheduled early departures are discouraged because they are disruptive to our work. Please be advised that no reduction in fees will result from shortened sessions due to a your late arrival or early departure. _____ Initials

Note: Eastside Christian Counseling Center and its corresponding Registered Dietitian utilize the therapy rooms and its respective facilities at New Life Church on the Dublin campus but is not affiliated with New Life Church as it is an independent entity.

Please sign/date, and return the Acknowledgement Confirming Receipt of Privacy Notice below.

We will keep this acknowledgment in your medical nutrition therapy record. Please retain a copy for yourself.

Acknowledgment Confirming Receipt of Privacy Notice

I acknowledge receiving a copy of Eastside Christian Counseling HIPAA Notice of Privacy Practices.

Signature	Print Name	Date
-----------	------------	------

Legal Guardian(s) (if applicable):

Signature	Print Name	Date
-----------	------------	------

Signature	Print Name	Date
-----------	------------	------