



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL 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:

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Austin, Texas 78737
512.699.8764
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WHO WILL FOLLOW THIS NOTICE

1. Nikki Drummond, CCN (“ Nutritionist”)
2. All Nutritionist’s employees

We understand that medical information about you and your health is personal, and we are committed to protecting this information. Each time you visit the Nutritionist, a record of the recommendations and services you receive is made. Typically, this record contains your symptoms, nutritionist notes, past treatments from medical providers, plan for future care, and billing record.

This record serves as:

1. A basis for planning nutritional recommendations;
2. A means of communication among the many health care professionals who contribute to your care;
3. A means by which you or a third-party payor can verify that services billed were actually provided;
4. A tool for educating health professionals;
5. A source for information for public health officials; and
6. A tool for assessing and continually working to improve the service rendered.

This Notice applies to all of the records of your care generated by the Nutritionist. This Notice will tell you about the ways we may use and disclose medical information about you. It also describes your rights and our obligations regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES

The Nutritionist shall:

1. Make every effort to maintain the privacy of your health information;
2. Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
3. Abide by the terms of this notice;
4. Notify you if we are unable to agree to a requested restriction; and accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.



THE METHODS WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we may use and disclose your Protected Health Information. The examples provided serve only as guidance and do not include every possible use or disclosure.

1. **As Required by Law:** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
2. **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
3. **For Treatment:** We will use and disclose your Personal Health Information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for treatment purposes.
4. **For Health Care Operations:** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the Nutritionist's office in an efficient manner and ensure that all clients receive quality services.
5. **Appointment Reminders:** We may use and disclose medical information in order to remind you of an appointment. For example, Nutritionist or any of her employees may provide a written or telephone reminder that your next appointment with Nutritionist is coming up.