

Nourish Wellness, PLLC  
3105 Summitview Ave, Ste. C Yakima, WA 98902  
509-969-6214

### **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.**

Dr. Yami Cazorla-Lancaster, DO, MPH, MS, respects your privacy. I understand that your personal health information is very sensitive. I will not disclose your information to others unless you tell me to do so, or unless the law authorizes or requires me to do so.

The law protects the privacy of the health information I create and obtain in providing my care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes.

#### **Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations**

##### **For treatment:**

- Information obtained by a nurse, physician, or other member of my health care team will be recorded in your medical record and used to help decide what care may be right for you.
- I may also provide information to others providing you care. This will help them stay informed about your care.

##### **For payment:**

- I request payment from your health insurance plan. Health plans need information from me about your medical care. Information provided to health plans may include your diagnoses, procedures performed or recommended care.

##### **For health care operations:**

- I use your medical records to assess quality and improve services.
- I may use and disclose medical records to review the qualifications and performance of my health care providers and to train my staff.
- I may contact you to remind you about appointments and give you information about treatment alternative or other health-related benefits and services.
- I may contact you to raise funds.
- I may use and disclose your information to conduct or arrange for services, including:
  - medical quality review by your health plan
  - accounting, legal, risk management and insurance services;
  - audit functions, including fraud and abuse detection and compliance programs.

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**Your Health Information Rights:**

The health and billing records I create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you.

You have a right to:

- Receive, read and ask questions about this Notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to grant the request. But I will comply with any request granted;
- Request and receive from me a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”)
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. I have a form available for this type of request.
- Have me review a denial of access to your health information-except in certain circumstances;
- Ask me to change your health information. You may give me this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your Records.
- When you request, I will give you a list of disclosure of your health information. The list will not include disclosures of third-party payors. You may receive this information with out charge once every 12 months. I will notify you of the cost involved if you request information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date and give me your request in writing.
- Cancel Prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometime you can not cancel an authorization if its purpose was to obtain Insurance.
- For help with these rights during normal business hours, please contact:

Dr. Yami Cazorla-Lancaster, DO, MPH, MS  
3105 Summitview Ave., Ste. C Yakima, WA 98902  
P: 509-969-6214

**My Responsibilities**

I am required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

I have the right to change my practices regarding the protected health information I maintain. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting my office to pick one up.

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### **To Ask for Help or Complain**

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact: Dr. Yami Cazorla-Lancaster, DO, MPH, MS, ND, LAc. If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Dr. Yami Cazorla-Lancaster, DO, MPH, MS, ND, LAc. You may also file a complaint with the U.S. Secretary of Health and Human Services. I respect your right to file a complaint with me or with the U.S. Secretary of Health and Human Services. If you complain, I will not retaliate against you.

### **Other Disclosures and Uses of Protected Health Information**

#### **-Notification of Family and Others**

- Unless you object, I may release health information about you to a friend or family member who is involved in your medical care. I may also give information to someone who helps pay for your care. I may tell your family or friends your condition and that you are in a hospital. In addition, I may disclose health information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, I will not use or disclose it.

#### **I may use or disclose your protected health information with out your authorization as follows:**

- **With Medical Researchers;** if the research has been approved and has policies to protect the privacy of your health information. I may also share information with medical researchers preparing to conduct a research project.
- **To funeral Directors/Coroners** consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations** (tissue donation and transplant) or persons who obtain, store or transplant organs.
- **To the Food & Drug Administration** relation to problems with food, supplements and products.
- **To Comply With Workers' Compensation Laws** – if you make you makes workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:** - to prevent or reduce a serious, immediate threat to the health or safety -to public health or legal authorities
  - to protect health and safety
  - to prevent or control disease, injury or disability -to report vital statistics such as births or deaths
- **To Report suspected Abuse or Neglect** to public authorities
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when I receive a subpoena, court order or other legal process, or you are the victim of a crime.

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- **For Health & Safety Oversight Activities.** For example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask me to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require me to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, I may share information for national security purposes.

**Other Uses and Disclosures of Protected Health Information**

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.