PERSONAL NUTRITION DESIGNS, LLC
Monique Ryan, MS, RDN, LDN

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.
(Effective date: 1/01/09)

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY AND COMMITMENT TO PRIVACY

Law Requires Us to:
1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We Have the Right to
1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practice and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices
1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

We are committed to maintaining the privacy of your protected health information ("PHI"). We are required by law to maintain the privacy of your PHI, provide you with this Notice of Privacy Practices and notice of our legal duties regarding your PHI. We are also required to follow the practices described in our Notice of Privacy Practices currently in effect.

If you have any questions or complaints, please contact:

PERSONAL NUTRITION DESIGNS, LLC
Monique Ryan, MS, RDN, LDN,
1604 Chicago Ave, Suite 12, Evanston, IL, 60201
847-864-8689
Monique@moniqueryan.com

3. USES AND DISCLOSURES OF MEDICAL INFORMATION

We may use or disclose medical information, including for example:

- For treatment purposes (such as sharing information about your care with members of our staff to assist in your treatment or care, or with the physician or health care professional that referred you to us, as part of efforts to coordinate your follow-up care).

- We may also disclose your medical information for treatment activities of other health care providers, or for the health care operations of one of those entities if we and that entity each have (or had) a relationship with you and the medical information relates to that relationship.

- A release to speak with a physician, allied health professional or other referral source can be requested and signed by both parties.

- For payment purposes (such as verifying your insurance coverage or providing information needed for your health insurance plan to cover and pay for the claim for services that we provide to you as third party reimbursement). A bill or receipt may be sent to you or a third party payer. The information on or accompanying your bill/receipt may include your medical information.

- For health care operations (such as our administrative activities, activities to enhance the care that we provide to our patients and their satisfaction with our services, and activities to help make sure that we comply with applicable law).

Other Uses and Disclosures Without Your Written Authorization

We may use or disclose medical information about you without your authorization for several other purposes required or permitted by law. Subject to certain requirements, we may use or disclose your medical information without your authorization as follows:

- to you upon request or as required by law;
- when required by the Secretary of the Department of Health and Human Services;
- for public health activities (such as reporting information to agencies authorized by law to collect information for purposes of preventing or controlling diseases, injuries or disabilities; preparing reports to the FDA; maintaining vital health records such as for births and deaths, etc.);
- to our business associates;
- to your personal representatives;
- for certain incidental uses or disclosures;

- for face to face communications that we make with you regarding products or services;
- to provide gifts of nominal value to you or your family;
- to correctional institutions if you are an inmate
- to help prevent or control communicable diseases;
- to your employer in limited circumstances, typically related to work place injuries or medical surveillance;
- for reporting abuse, neglect or domestic violence;
- for health oversight activities authorized by law (such as civil or criminal investigations, audits, licensure and disciplinary proceedings, etc.);
- for judicial and administrative proceedings (such as in response to court orders or discovery requests);
- for law enforcement;
- to funeral directors, coroners and medical examiners;
- for purposes of organ, eye or tissue donation;
- to avoid a serious threat of harm to health and safety;
- for specialized governmental functions (e.g., military operations; national security);
- for auditing purposes;
- for certain research studies;
- for workers' compensation purposes; and
- for emergencies or disaster relief;
- to persons involved in your care or payment related to your care;
- for notification purposes with respect to your care, condition, location or death.

We may also contact you about appointment reminders or treatment alternatives.

In any other situation, we will ask for your written authorization before using or disclosing any of your medical information. If you sign an authorization to use or disclose information, you can later revoke that authorization to stop further uses and disclosures.

4. INDIVIDUAL RIGHTS

1. In most cases, you have the right to look at or obtain a copy of medical chart that we maintain about you. You must make your request in writing by sending a letter to PND, LLC. We may charge a fee for costs related to your request. Under limited circumstances, we may deny your access to records. Medical records are kept for seven years since start of care.

2. You also have the right to receive an "accounting," which lists certain instances when we have disclosed medical information about you for reasons other than treatment, payment, or health care operations.

3. If you believe that information in your record is incorrect, or if important information is missing, you also have the right to request that we correct the existing information or add the missing information. We have the right to deny such a request under certain circumstances.

4. You have the right to request that your health information be communicated to you in a confidential manner such as asking that we contact you at work rather than at home.

5. You may request that we restrict how we use or disclose information about you for treatment, payment, or health care operations or to persons involved in your care (except when specifically authorized by you, when required by law, or in emergency circumstances). We will consider your request for such restrictions, but are only bound by them if we agree to them.

To exercise any of the rights described above, please make a request in writing to our Privacy Official/Contact Person listed on page one of this Notice.

5. QUESTIONS AND COMPLAINTS

If you are concerned that we have violated your privacy rights, you may contact the Privacy Official/Contact Person listed on the first page of this Notice. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be retaliated against for filing a complaint.

6. POLICIES AND PROCEDURES

Electronic and paper transaction standards

It is our policy that exchange of information between **Personal Nutrition Designs**, **LLC** and a third party, in order to carry out financial or administrative activities related to healthcare, be HIPAA compliant.

PND, LLC, transactions include:

1. Submission of Form 1500 to the client using transaction codes sets that include ICD-9 codes (and ICD-10 codes after October 2015) for all disease states treated by the registered dietitian of PERSONAL NUTRITION DESIGNS, LLC.
2. CPT codes recognized by the American Medical Association, used by registered dietitians for Medical Nutrition Therapy (MNT)
    a. MNT Individual Assessment and Intervention 97802
    b. MNT Individual Reassessment and Intervention 97803
    c. MNT Group (per person) 97804
    d. MNT Individual Reassessment G0270
    e. MNT Group Reassessment G0271
    f. 99205 Initial assessment
    g. 99215 Follow-up reassessment
    h. Z71.3 Dietary counseling and surveillance
    i. Any other appropriate code

Procedures for transaction regarding insurance reimbursement:

1. **PERSONAL NUTRITION DESIGNS**, LLC will be aware of its responsibility under HIPAA and stay current on all policy issues.
2. **PERSONAL NUTRITION DESIGNS**, LLC will perform an operational assessment and identify any implementation issues and work plan for internal use and contracted vendor.
3. **PERSONAL NUTRITION DESIGNS**, LLC will complete forms and software upgrade, implementation and installation and testing.
4. **PERSONAL NUTRITION DESIGNS**, LLC will adequately inform and train staff and vendors as to their responsibility under HIPAA.

7. PRIVACY POLICIES

It is our policy that PE**RSONAL NUTRITION DESIGNS**, **LLC** complies with HIPAA policy procedures when carrying out any activities related to treatment, payment and healthcare operations.

Procedures for carrying out privacy policies

1. Patients will be given an opportunity to review **PERSONAL NUTRITION DESIGN, LLC's** Notice of Privacy Procedures.
2. A reasonable attempt will be made to obtain patient's written acknowledgement of receipt of our Notice of Privacy Practices signed by the patient before delivering service, and if not, will document why this could not be obtained.
3. Our Notice of Privacy Policies can be made available electronically through request via email through our website.
4. Our Privacy Policies Include:
    a. An appointment book and all conversations (phone or verbal) will be kept out of view and earshot, respectively of other patients.
    b. Appointment book will be kept under lock and key after hours.
    c. Before confirming appointments, prior permission of patient will be obtained from respective patient. Messages will not be left on answering machine that is not private or with other family members without prior permission from the patient.
    d. Patient information will be kept in locked file cabinet and locked office when not in use during patient office appointments and other services.
    e. Any patient information not kept in the permanent patient chart will be shredded thoroughly and cross cut. All waste will be kept in opaque bins, locked and picked up weekly for trash.
    f. All of our subcontractors and vendors will have HIPAA compliance measures in effect and will be asked to sign a business associate agreement in order to do business with us.
    g. Reports to physicians will be kept confidential by staff of **PERSONAL NUTRITION DESIGNS, LLC.**

8. SECURITY POLICIES

It is our policy that **PERSONAL NUTRITION DESIGNS**, **LLC** complies with HIPAA security procedures when carrying out any activities related to Internet use, disaster recovery and employees who leave the system.

Procedures for carrying out security policies

1. Back up software will be kept under lock and key after hours. Complete records as to back up activity will be kept.
2. All HCFA Privacy protected information sent over the Internet will be accessed only by authorized parties.
3. All communication with patients, agreed to by the patient in advance, over the Internet (including e-mail and fax) will have adequate security controls.
4. All e-mail communications, to patient, from our office will have the appropriate disclaimer:
   This e-mail is intended only for the use of the individual or entity to which It is addressed and may contain information that is privileged and confidential. If the reader of this e-mail message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this e-mail in error, please notify the sender and destroy all copies of the transmittal.
5. Disposal of all computer media such as diskettes, tapes and hard drives will be done by a local company.
6. All current employees and new hires must sign a confidentiality agreement acknowledging that the employee has read and understands our HIPAA policies/procedures and their responsibilities during their employment and upon termination.
7. Employee training and updates will be conducted on a regular basis.
8. **PERSONAL NUTRITION DESIGNS**, **LLC** designated "privacy official" will serve as a contact person to administer our privacy plan and will handle complaints or grievances.
9. **PERSONAL NUTRITION DESIGNS, LLC** will maintain ongoing internal audit processes to see that all policies and procedures are intact.
10. All of our subcontractors and vendors will have HIPAA compliance measures in effect and will be asked to sign a business associate agreement in order to do business with us.