

# Notice of Privacy Practices

**Dr. Priscilla Monroe, RN, ND**

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Effective Date: September 21, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

This notice of the Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control you protected health information. "Protected health information" is information about you including demographic information that may identify you and that related to your past, present, or future physical or mental health or condition and related health care services.

**Uses and Disclosures of PHI:** Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office that are used in our care and treatment for the purposes of providing health care services to you, to pay your health care bills, to support the operation of the provider's practice and any other use required by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care for you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the doctor/physician has the necessary information to diagnose or treat you.

**Payment:** Your PHI will be used as needed, to obtain payment for your health care services. We may use and share PHI for the services we provide to you and to collect payment for the service billed to you, from you, your insurance company, or a third party. We may also share PHI with another provider so that provider can bill and collect for services you received.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your provider's practice. These activities include, but are not

limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, we may call you by your name in the waiting room when your provider is ready to see you.

**Law enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **Additional Uses of Information**

**Appointment reminders.** Your health information will be used by our staff to send you appointment reminders.

**Information about treatments.** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may be of interest to you.

### **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

**Right to Revise Privacy Practices:** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

**Requests to Inspect Protected Health Information:** You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Dr. Monroe. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### **HIPAA Privacy Standards**

**Complaints:** If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Dr. Priscilla Monroe, RN, ND  
5025 J St., Suite 205  
Sacramento, CA 95819

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person: The name and address of the person you may contact for further information concerning our privacy practices is:

Dr. Priscilla Monroe, RN, ND  
5025 J Street- Suite 205  
Sacramento, CA 95819  
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### **Informed Consent for Treatment**

I hereby authorize Dr Priscilla Monroe, RN, ND, to perform the following specific procedures as necessary to facilitate my diagnosis and treatment:

- Common diagnostic procedures: Laboratory testing.
- Medicinal use of nutrition: Therapeutic nutrition and nutritional supplementation.
- Botanical medicine: Botanical substances may be prescribed as teas, alcohol or glycerite based tinctures, capsules, tablets, creams, plasters, or suppositories.
- Homeopathic medicine: The use of highly dilute quantities of naturally occurring plants, animals, and minerals to gently stimulate the body's healing responses.
- Lifestyle counseling and hygiene: Diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction, weight management, and balancing of work and social activities.
- Psychological Counseling

- **Vaccine Counseling:** Per the scope of practice in California, Naturopathic Doctors do not offer vaccinations. Dr. Monroe is happy to discuss vaccinations and immune support recommendations. We refer to MD/DO providers for vaccinations.

Patients should recognize the potential risks and benefits of these procedures as described below:

**Potential risks:** allergic reactions to prescribed herbs and supplements, side effects of natural medications, aggravation of pre-existing symptoms, discomfort, pain, infection, nausea, light-headedness, inconvenience of lifestyle changes. Notify the doctor if you experience any symptoms, which may be secondary to the above procedures and or go to the urgent care or emergency room.

**Potential benefits:** restoration of health and the body's maximal functional capacity without the use of drugs or surgery, relief of pain, and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression.

**Notice to pregnant women:** All female patients must alert the doctor if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

**Laboratory testing & specialty testing & records:** Dr. Monroe utilizes standard laboratory tests & specialty testing to assess the condition of the patient's health and guide treatment plans. I understand that refusal to have laboratory tests &/or specialty tests performed can and or will affect results of treatment. Also, we do not release lab results to patients prior to an in-office consultation about them. They can be faxed to another health care provider per medical release. Also, there is a \$25 fee for release of labs to patient. Additionally, full chart copies are subject to \$1/page.

**Supplements & Vitamins:** Dr. Monroe utilizes supplements & vitamins from companies that design products for physicians and health care providers. I understand that I do not have to buy products from Dr. Monroe. Also, I understand that if I buy products elsewhere that I am responsible for the content of those products and the therapeutic value of the products.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me, by Dr. Monroe regarding cure or improvement of my condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, or my representative, or unless it is required by law. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that information from my medical record may be analyzed for research purposes, and that my identity will be protected and kept confidential. I understand that any questions I have will be answered by my practitioner to the best of his/her ability.