



Mona Bhalla, ND, LLC
443 NE Knott St
Portland, Oregon 97212
503-282-5350

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

- In my practice, I have always kept your health information secure and confidential. A new law requires me to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.
- I may use or disclose your health information for payment of services. For example, I may send a report of your progress to your insurance company.
- I may use or disclose your health information for my normal healthcare operations. For example, one of my staff will enter your information into my computer.
- I may share your medical information with my business associates, such as a billing service. I have a written contract with each business associate that requires them to protect your privacy.
- I may use your information to contact you. For example, I may send newsletters or other information. I may also want to call and remind you about your appointments. If you are not at home, I may leave this information on your answering machine or with the person who answers your telephone.
- In an emergency, I may disclose your health information to a family member or another person responsible for your care.
- I may release some, or all, of your health information when required by law.
- If my practice is sold, your information will become the property of the new owner.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that I not use or disclose your health information as described above. I will let you know if I can fulfill your request.
- You have the right to know of any uses or disclosures I make with your health information beyond the above normal uses.
- Because I may need to contact you from time to time, I will use whatever address or telephone number you prefer.
- You have the right to transfer copies of your health information to another practice. I will mail your files for you.
- You have the right to see and receive a copy of your health information, with a few exceptions. Give me a written request regarding the information you want to see. If you also want a copy of your records, I may charge you a reasonable fee for the copies.
- You have the right to request an amendment or change to your health information. Give me your request to make changes in writing. If you want to include a statement in your file, please give it to me in writing. I may or may not make the changes you request, but will be happy to include your statement in your file. If I agree to an amendment or change, I will not remove or alter earlier documents, but will add new information.
- You have the right to receive a copy of this notice
- If I change any of the details of this notice, I will notify you of the changes in writing.
- You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint.
- This notice became effective on April 14, 2003.

Acknowledgment

I have received a copy of Mona Bhalla, ND, LLC's, *Notice of Privacy Practices*.

(Signed by)

(Date signed)

(Print name)

(Patient/client name, if signing as a parent or guardian)