



## NOTICE OF PRIVACY PRACTICES

*Effective 11/4/2015*

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. This Notice is provided by Nava Management, LLC and Integrated Wellness entities doing business under the “Nava Health & Vitality Center” name, as well as all Nava physicians, nurses, and other personnel (Nava). This Notice applies to all Nava services that you obtain at any Nava location.

Nava Privacy Obligations. We are required by law to maintain the privacy of your protected health information (“PHI”), to provide you with this Notice, and to notify you following a breach of any unsecured PHI. When we use or disclose your PHI, we are required to follow the terms of this Notice, as it may be amended.

A. Uses and Disclosures Without Your Written Authorization. In certain situations (described below), we must obtain your written authorization in order to use and/or disclose your PHI, but we do not need any authorization from you to use or disclose your PHI:

1. In connection with treatments that you request (including disclosures to health care providers involved in your treatment).
2. To obtain payment for services that we provide to you.
3. For our health care operations, including internal administration and planning and various activities that improve the quality and cost effectiveness of the services that we deliver to you (all Nava entities/providers are part of an organized health care arrangement and will share PHI with each other to carry out treatment, payment, or health care operations).
4. For health care fraud and abuse detection or compliance.
5. To a family member, other relative, a close personal friend, or any other person you identify, if we (1) obtain your agreement; (2) provide you with the opportunity to object (and you do not object); or (3) reasonably infer that you do not object to the disclosure (in case of incapacity or emergency we can exercise our professional judgment).
6. To a family member, other relative, a close personal friend, or any other person you identify in order to provide notice of your location, general condition, or death.
7. For the following public health activities: (1) to report health information to public health authorities prevent or control disease, injury, or disability; (2) to report child abuse and neglect to public health/government authorities authorized by law to receive such reports; (3) to report



information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

8. To a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect, or domestic violence.
9. To a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
10. In the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
11. To the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
12. To a coroner or medical examiner as authorized by law.
13. To organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
14. To prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
15. To units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
16. As authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
17. When required to do so by any other law not already referred to in the preceding categories.

B. Use or Disclosure with Your Authorization. We must obtain your written authorization for most uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI and for any other uses and disclosures not described in this Notice (Authorization).

C. Revocation of Your Authorization. You may withdraw (revoke) your Authorization (except to the extent that we have taken action in reliance upon it) by delivering a written statement to the Privacy Officer identified below.

D. For Further Information; Complaints. If you would like more information about your privacy rights, if you are concerned that we have violated your privacy rights, or if you disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon



request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

- E. Right to Request Additional Restrictions. You have the right to request a restriction on the uses and disclosures of your PHI (1) for treatment, payment and health care operations purposes, and (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved in your care or with payment related to your care. Unless otherwise required by law, we are required to comply with your request for this type of restriction. For all other requests for restrictions on use and disclosures of your PHI, we are not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. If you wish to request additional restrictions, please contact our Privacy Officer.
- F. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.
- G. Right to Inspect and Copy Your Health Information. You may request access to your client file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you would like to access your records, please contact our Privacy Officer. If you request copies, we will charge you a cost-based fee, consistent with applicable state law.
- H. Right to Amend Your Records. You have the right to request that we amend PHI maintained in your client file or billing records. If you desire to amend your records, please contact our Privacy Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- I. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we will inform you in advance of any fee and provide you with an opportunity to withdraw or modify the request.
- J. Right to Receive A Copy of this Notice. Upon request, you may obtain a copy of this Notice, either by email or in paper format, by submitting a request to our Privacy Officer.



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HEALTH & VITALITY  
CENTER

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1-800-762-6282

K. Effective Date; Right to Change Terms of this Notice. This Notice is effective on November 15, 2015. We may change the terms of this Notice at any time and if we do, we can make the new terms apply for all PHI that we maintain (including PHI created or received before the change). If we change this Notice, we will post the new notice in Nava locations and on our Internet site at [www.navacenter.com](http://www.navacenter.com). You also may obtain any new notice by contacting our Privacy Officer.

L. Privacy Officer. You may contact the Privacy Officer at: Privacy Officer (designated for all Nava entities); Nava Health and Vitality Center; 9755 Patuxent Woods Drive, Suite 100; Columbia, MD 21046 (phone: (410) 910-2853).

Authorization to Share Information (Optional)

By signing below, you authorize Nava Health and Vitality Center to give the following person/persons permission to discuss any/all of my medical information and/or any treatments/therapies or products that I may obtain from Nava.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_