

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW WE USE OR DISCLOSE YOUR HEALTH INFORMATION.  
IT ALSO DESCRIBES YOUR RIGHTS. PLEASE REVIEW THIS NOTICE CAREFULLY.  
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

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### **OUR LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice, which has set forth our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices (and the terms of this Notice) at any time-provided applicable law permits such changes. We reserve the right to make changes in our privacy practices (and the new terms of our Notice) effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request copies of our Notice at any time. For more information about our privacy practices, please contact our administrative office, using the information at the end of this Notice.

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### **NORMAL USES AND DISCLOSURES OF HEALTH INFORMATION**

We may use and disclose health information about your treatment, payment, and healthcare operations.

**Treatment:** We may use or disclose your health information to a physician or other health care provider providing treatment to you. We may use or disclose limited health information to provide you with appointment or treatment reminders, such as postcards, letters, or voicemail messages.

**Payment:** We may use and disclose health information to obtain payment for services we provide to you. If we send a family member billing statement to another family member, we may disclose limited health information to justify the charges. You may request that billing statements with your changes and information be sent to only you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. For example, we may use and disclose health information to evaluate procedures, protocols, and performance, to evaluate our personnel, and to evaluate performance of other healthcare providers. We may also use and disclose health information in training and improvement programs, as well as accreditation, certification, licensing, or credentialing activities.

**To you:** We must disclose your health information to you as part of your Patient Rights.

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### **LIMITED USES AND DISCLOSURES OF HEALTH INFORMATION**

We may also use or disclose health information about you in the following limited cases.

**With Your Authorization:** You may give us written authorization to use or disclose your health information for purposes you choose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**To Family Members Or Persons Involved In Your Care:** We may disclose any health information to a family member, friend or other person, who is legally permitted or authorized to access your health information or assist with payment for your healthcare. You may give us written authorization to disclose your health information to a designated family member or other persons (for treatment decision or payment purposes). You may also give us written authorization that allows a family member or other person to receive medications, medical supplies, x-rays or other forms of health information from us on your behalf.

**Emergencies:** In an emergency, we may disclose limited health information to notify a family member, friend, or other person of your location, your general condition, or death. If possible and prudent, we will provide you with an opportunity to object to such uses or disclosures. In the event you are incapacitated, we will disclose health information based on a determination using our professional judgment.

**Required By Law:** We may use or disclose your health information when we are required to do so by law.

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