

5/29/25

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.

This Notice applies to all of the affiliated covered entities that operate under the trade name, “NutriFlow. A list of those entities is included at the end of this notice. NutriFlow is required by law to maintain the privacy of Protected Health Information (PHI). PHI is information that may identify the patient and that relates to the patient’s past, present, or future physical or mental health or condition; the provision of health care products and services to the patient or the payment for such services. This Notice will tell about the ways in which NutriFlow may use or disclose medical information and describes your rights with respect to PHI as required by law. We are required to follow the terms of this Notice as well as any changes to it that may be in effect. We reserve the right to change our practices, and any updated Notice will be posted on our website and available at our office locations. Upon request, we will provide additional copies of our current Notice to you. To the extent that the terms herein and the terms in the Client’s HIPAA Notice of Privacy Practices (“HNPP”) conflict, the terms of the HNPP govern.

Uses and Disclosures of Your PHI

For each category listed, the Notice outlines uses and disclosures included in the category, but it does not list every potential use or disclosure. Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose PHI for treatment, payment and healthcare operations without your prior authorization, as follows:

- **Treatment.** PHI may be used or disclosed to provide and coordinate the medical treatment or service. We may also share PHI with other health care providers and their staff. We may also use the patient’s PHI to contact you to provide appointment reminders or to give you information about treatment options or other health related benefits and services that may interest you.
- **Payment.** PHI may be used and disclosed so that the treatment and services received at NutriFlow may be billed and payment may be collected from you, your insurance company, and/or a third party. We will comply with your request not to disclose health information to your insurance company if the information relates solely to a healthcare item or service for which you have paid out of pocket and in full to us.
- **Health Care Operations.** Your PHI may be used and disclosed to NutriFlow’s health care operations. These uses and disclosures are necessary to run NutriFlow and to monitor the quality of care our patients receive.

Outlined below are additional situations in which NutriFlow may disclose your PHI without your authorization.

- **Business Associates.** We may share PHI with outside companies that perform services for us such as accreditation, legal, computer or auditing services. These outside companies are called "Business Associates" and are required by HIPAA and by contract to keep PHI confidential.
- **Individuals Involved in Care.** We may share PHI with a family member, guardian or other individuals who are involved in the patient's care, or who help pay for the patient's care. If you have any objection to sharing medical information in this way, please contact our NutriFlow's Privacy Officer, whose contact information is listed at the end of this Notice.
- **To You or Your Personal Representative.** We may disclose your PHI to you, or a representative appointed by you or designated by applicable law.
- **Disaster Relief.** PHI may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about the patient's condition, status, and location.
- **Research.** Under certain circumstances, PHI may be used and disclosed for research purposes. All research projects involving patients' medical information must be approved through a special review process to protect patient confidentiality.
- **Appointment Reminders.** PHI may be used to contact you as a reminder of an appointment for treatment or medical care at NutriFlow.
- **Treatment Alternatives.** PHI may be used to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** PHI be used to tell you about health-related benefits or services that may be of interest to you.
- **As Required by Law.** PHI will be disclosed when we are required to do so by federal, state, or local authorities, laws, rules and/or regulations.
- **Judicial and Administrative Proceedings.** PHI may be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process.
- **Law Enforcement.** PHI may be disclosed for law enforcement purposes as authorized or required by law. For example, NutriFlow may disclose PHI if necessary to report a crime
- **To Prevent a Serious Threat to Health or Safety.** We may use or share PHI when necessary to prevent a serious threat to the patient's health and safety and that of the public or another person.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Public Health Purposes.** NutriFlow may disclose PHI for public health activities, such as activities:
 1. To prevent or control disease, injury or disability;
 2. To report births and deaths;

3. To report reactions to medications or problems with products
4. To notify people of recalls of products they may be using; or
5. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- Abuse and Neglect. Subject to certain limitations, NutriFlow may disclose PHI to an appropriate government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence, if NutriFlow reasonably believes that a patient is a victim of abuse or neglect.
- As Allowed By Law. We may disclose PHI for other purposes that are expressly allowed by law.

Uses and Disclosures that Require Your Authorization

NutriFlow will not use or disclose PHI for any purpose other than those described in this Notice unless you give NutriFlow written authorization to do so. Medical information will not be used or disclosed for marketing purposes or sold by NutriFlow without your prior written authorization. If you sign a written authorization permitting uses and disclosures of PHI other than those described in this Notice, you may revoke your authorization by submitting a written request to NutriFlow's Privacy Officer at any time. However, NutriFlow is unable to retract or invalidate any uses or disclosures that were made with your permission before you revoked your authorization.

Your Rights Regarding Your Medical Information:

You have the following rights regarding PHI. All Requests Must Be Submitted in Writing to NutriFlow's Privacy Officer. Please contact the Privacy Officer for additional information regarding any of these rights. The contact information for the Privacy Officer can be found at the end of this Notice.

- Right to Request Access to Medical Information. With certain exceptions, patients and their legal representatives have the right to see and get a copy of the patient's medical information that may be used to make decisions about the patient's care. To see or get a copy of the patient's medical information, you must submit a written request. If you request a paper copy, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. There is no fee to see the patient's medical information if you are the patient's legal representative. NutriFlow may deny your request to inspect or copy of the patient's medical information in certain limited situations. In that situation, the denial will be given in writing.
- Right to Request an Amendment of Medical Information. If you feel that the medical information we have about the patient is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must submit a written request. Please be specific about the information that you believe is incorrect or incomplete. In some situations, NutriFlow may deny your request to amend the medical information. If we deny your request, you will be notified in writing.
- Right to an Accounting of Disclosures. The patient and the patient's legal representative have the right to request an accounting of certain types of disclosures of the patient's medical information for a specified time period. The accounting will not include all disclosures of the patient's medical

information. For example, you do not have the right to request an accounting of disclosures of medical information made (1) for purposes of treatment, payment and health care operations (2) to you and pursuant to your authorization; or (3) for other purposes for which federal law does not require us to provide an accounting. Your request for an accounting should identify the time period for which you seek the accounting, such as six (6) months or two (2) calendar years. The first accounting you request in any 12-month period will be free. For additional accountings that you request within a 12-month period, we may charge you for the costs of providing the accounting. We will notify you of the cost in advance so that you can choose whether to withdraw or modify your request.

- **Right to Request Restrictions on How Medical Information is Used or Disclosed.** The patient and the patient's legal representative have a right to request that we change the way we use or disclose the patient's medical information for certain purposes. To request restrictions, you must make your request in writing. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure or both; and
3. To whom you want the limits to apply.

We are not required to agree to your request, except that we will not share the patient's medical information with your health insurance company if you pay for the entire amount due for the services you receive (unless we are required by law to share the information with your health insurance company).

- **Right to Request Confidential Communication.** You have the right to request that we communicate with you in a certain way or at a certain location that you think will be more confidential. For example: You can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Be Notified of Breach.** We will notify the patient nor the patient's legal representative if we discover a breach of the patient's medical information.

- **Right to a Paper Copy of This Notice.** The patient and the patient's legal representative have the right to a copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Mobile information will not be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

You agree to receive SMS about our therapy services, follow ups on a pending job or case and appointment schedule from NutriFlow. Message frequency may vary. Message and data rates may apply. For help, reply HELP or email us at info@thenutriflow.com. You can opt out at any time by replying STOP."

If you would like to exercise any of the rights described in this Notice, please contact our Privacy Officer, whose contact information is provided at the end of this Notice.

ADDITIONAL INFORMATION CONCERNING THIS NOTICE:

- **Changes To This Notice.** We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have as well as any information we receive in the future. -NutriFlow will post a current copy of the notice with the effective date.
- **Complaints.** You will not be penalized or retaliated against for filing a complaint. If you believe your rights have been violated, you may file a complaint with NutriFlow or with the Secretary of the Department of Health and Human Services. Please contact the NutriFlow Privacy Officer at the address and telephone number provided below if you have a complaint, concern or question.

Contact:

888-636-4398

info@[the](mailto:info@thenutriflow.com)nutriflow.com