



NOTICE OF PRIVACY PRACTICES

How We Collect Information About You

Robert W. Demko, MS, CN with Well Fed Nutrition (WFN) may collect data through a variety of means including but not limited to letters, phone calls, emails, faxes, voicemails, interviews, conversations and from the submission of forms that are either required by law or necessary to provide nutritional counseling through the organization.

What We Do Not Do With Your Information:

Information about your medical conditions, history and care that you provide to us in writing, via email, on the phone (including on voicemails), contained in or attached to forms, or directly or indirectly given to us, is held in the strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about clients who inquire about or actually receive our services that are considered patient confidential, restricted by law, or specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information:

Information is only used as is reasonably necessary to process your health encounter or to provide you with health or counseling services which may require communication between WFN and health care providers, insurance companies, and other providers necessary to verify your medical information and to determine the type of medical or health care services you need. If you apply or attempt to apply to receive health services through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law. We will share information about you if state or federal laws require it, for such purposes as law enforcement and with health oversight agencies for activities authorized by law.

Limited Right to Use Non-Identifying Personal Information:

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of WFN. We reserve the right to use non-identifying information about our clients (those who receive services from or through us) for promotional purposes that are directly related to our mission. Clients will not be compensated for use of this information. You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

CONTACT

844 705 0990
robertwdemko@gmail.com
www.wellfednutrition.us

TACOMA

5702 N. 26th Street
Tacoma, WA 98407

OLYMPIA

2116 Caton Way SW #102
Olympia, WA 98502

BY MAIL

PO Box 6912
Tacoma, WA 98417
Fax 253 444 0514



Your Rights and Responsibilities

You can get a copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on the bottom of this page. We will not retaliate against you for filing a complaint.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

Other Instructions for Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Robert W. Demko is designated as privacy official for this notice and can be contacted through: robertwdemko@gmail.com or 360 705 0990. The effective date of this notice is February 8, 2020.

Well Fed Nutrition will never market or sell personal information.

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