

HIPAA Notice of Privacy Practices Statement

Notice of Information Practices and Privacy Statement

For Fit and Thin Nutrition

91 Melville Avenue Lakewood, NJ 08701

How We Collect Information About You: Fit and Thin Nutrition and its employees collect data through patient forms and phone/personal interviews.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), is held in strictest confidence. We do not give out or disseminate any information about clients who call for information about or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Use Your Information: Information is only used as is reasonably necessary to provide you with nutritional counseling services, or if communication is necessary between Fit and Thin Nutrition and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate, discuss your care, and/or determine the type of medical supplies or any health care services you need.

Can we leave messages regarding appointment scheduling or confirmation on the following phone numbers?

Home: **Yes No**

Cell: **Yes No**

Work: **Yes No**

Can we leave messages with personal health information related to our treatment or services on the following phone numbers?

Home: **Yes No**

Cell: **Yes No**

Work: **Yes No**

Please list all persons to whom we can deliver messages regarding appointments or personal health information:
(Please note any information you do not wish disclosed)

Names:

I have read and understood the HIPAA Notice of Practices and Privacy Statement for Fit and Thin Nutrition:

Signed:

Date:

I authorize the release of my medical or any other information necessary to my insurance company in order to process my insurance claim:

Signed:

Date: