

Welcome Letter

Congratulations on your decision to begin down the path toward better health through nutrition counseling. We will work together to determine the nutrition plan that best suits your preferences and needs.

Below you will find more information about what to expect during our work together. Please do not hesitate to contact me with any questions or concerns that you may have.

Initial session (60 minutes)

During this assessment visit, we will discuss your medical and nutritional history as well as other internal and external strengths and barriers related to making a healthy change. We will develop realistic goals.

Please bring to this session:

- Your current medical history and any relevant family history.
- A list of your current medications and supplements.
- Any relevant lab results (such as cholesterol or blood sugar levels).
- Completed New Client Registration form.
- Signed Appointment Policy.
- Signed Acknowledgment of Privacy Policy.
- Payment in the form of cash or check (made out to Kristen Schreck) of \$135.
- Optional: Food Diary (preferably 3 days) - only if you have kept a food diary in the past.

Followup sessions (45 minutes)

During these appointments, we will discuss your successes and challenges in meeting your goals and create new goals as needed.

Please bring to these sessions:

- Payment in the form of cash or check (made out to Kristen Schreck) of \$100.
- Any changes to your medical history or medications.
- Other documentation as requested (such as a Food Diary).
- Any questions that have arisen since the last appointment.

New Client Registration Form

Client Name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Please circle your preferred contact method: Email Phone

Primary Care Physician

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Other Provider (e.g. Therapist, Psychiatrist, Gastroenterologist, Cardiologist, Personal Trainer)

Name: _____

Provider Type: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I give permission for Kristen Pufahl Schreck, MS, RD, LDN to speak with and disclose any protected health information to the provider(s) listed above for the coordination of care.

Signature: _____ Date: _____

Appointment Policy

Effective 10/1/13

Please read the policy below and sign at the bottom.

- All services for nutrition counseling must be paid with cash or check (made out to Kristen Schreck) at the beginning of each appointment:

Initial session (75 minutes) - \$135

Follow up sessions (45 minutes) - \$100

- KPS Nutrition does not accept insurance at this time. You will be given a Superbill to provide to your insurance company upon request.
- Package pricing is available upon request.
- If payment is not rendered at the time of the appointment, the appointment will be rescheduled for a future time and the client will be charged a cancellation fee equal to the cost of the appointment.
- Appointments must be cancelled by phone or email at least 24 hours prior to the start time of the scheduled appointment. Appointments cancelled within 24 hours of the scheduled appointment require full payment for the cost of the appointment.
- There is a \$30 fee for all bounced checks.
- There are no refunds.
- Appointments start on time. If the client is late for the appointment, the visit will be shortened to fit in the allotted time slot.

I have read this policy and agree to its terms.

Name: _____ DOB: _____

Signature: _____ Date: _____

Notice of Privacy Practices

Effective 10/1/13

This Notice of Privacy Practices describes information about disclosure of your protected health information and how you can obtain access to that information. Please read this policy and sign the Acknowledgement of Privacy Practices.

Policy statement

KPS Nutrition is committed to maintaining the privacy of your protected health information (PHI), which includes electronic protected health information, as well as information about your condition and the care and treatment you receive from the practice and other health care providers. This notice details the use and disclosure of your PHI to third parties for purposes of your care, payment for your care, health care operations of the practice, and other purposes permitted or required by law. This notice also details your rights regarding your PHI.

Use or disclosure of PHI

KPS Nutrition may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations. The following are examples of the types of uses and/or disclosures of your PHI that may occur, and are not meant to include all possible types of use and/or disclosure.

Care

In order to provide your care, KPS Nutrition may provide your PHI to those health care professionals who are directly involved in your care, so that they may understand your condition and needs, and provide advice or treatment. This includes communication with your primary physician other other health care providers, as well as communications with you about your nutritional care.

Payment

In order to receive payment KPS Nutrition may provide your PHI, directly or through a billing service, to appropriate third-party payers, pursuant to their billing and payment requirements. Your PHI may be discussed with your insurance company for coverage determinations.

Health care operations

Your PHI may be compiled, used, and/or disclosed for the purposes of health care operations, including performance and quality management, business planning, and case supervision. Your identifiable information would always be removed when discussing your case with outside parties.

Authorization not required

KPS Nutrition may use and/or disclose your PHI without a written authorization from you in the following instances:

- **If your PHI is de-identified.**
- **To a business associate** who provides necessary service for your treatment or payment for your treatment and health care operations (such as a billing service or transcription service).
- **To your personal representative** who has the authority to represent you in making decisions related to your health care under applicable law
- **For public health activities** including information collected by a public health authority, as authorized by law, to prevent or control disease, injury, or disability. This includes reports of child abuse or neglect.
- **To the US Food and Drug Administration (FDA)** in the reporting of adverse events, product defects or problems, or biological product deviations; for tracking of products; for enabling of product recalls, repairs, or replacements; or when conducting post-marketing surveillance.
- **In situations of abuse, neglect, or domestic violence.** If required by law, your PHI may be disclosed to a government authority if it is necessary to prevent serious harm or if it is believed that you are the victim of abuse, neglect, or domestic violence.
- **In health oversight activities** that are required by law, and involve government agencies with oversight into activities that are related to the health care system, government benefit programs, government regulatory programs, and civil rights law. These activities include criminal investigations, audits, disciplinary actions, or general oversight activities related to the community's health care system.
- **For judicial and administrative proceedings** in response to a court order or a lawfully issued subpoena.

- **For law enforcement purposes**, including:
 - Compliance with a legal process (i.e. subpoena) or as required by law
 - Information for identification and location purposes (e.g. suspect or missing person)
 - Information regarding a person who is or is a suspected crime victim
 - In situations where the death of an individual may have resulted from criminal conduct
 - In the event of a crime occurring on the premises of the practice
 - An occurrence of a medical emergency not on the practice's premises, where it appears that a crime has occurred
- **To the coroner or medical examiner** for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out related duties.
- **For organ, eye, or tissue donation** if you are an organ donor.
- **For research purposes.** Such use is subject to numerous governmental requirements intended to protect the privacy of your PHI, such as approval of the research by an institutional review board and a requirement that protocols are followed.
- **If there is a threat to health or safety**, if it is believed that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The disclosure is to an individual who is reasonably able to prevent or lessen the threat.
- **For specialized government functions** if you are a member of the armed forces for the purpose of a determination by the US Department of Veteran Affairs of eligibility for benefits, or to a foreign military authority if the individual is a member of that foreign military service. Your PHI may also be disclosed to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.
- **If you are an inmate.** Your PHI may be disclosed to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you, or if it is necessary for the health and safety of other individuals or inmates.
- **For Workers' Compensation claims.** Workers' Compensation may require your PHI be disclosed to an individual or entity that is part of the Workers' Compensation system.
- **For disaster relief efforts**, to a public or private entity authorized to assist in disaster relief efforts.
- **As required by law.**

Authorization

Uses and/or disclosures, other than those previously described, are made only with your written authorization, which you may revoke at any time.

Sign-in sheet

KPS Nutrition may use a sign-in sheet for services rendered. You may also be called by your name when you are greeted.

Appointment reminder

You may be contacted to provide appointment reminders via phone or email.

Family/friends

KPS Nutrition may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The practice also may use or disclose your PHI to notify or assist in notifying (including identifying or locating) a family member, a personal representative, or another person responsible for your care of your location, general condition, or death.

However, in both cases, the following conditions will apply:

- KPS Nutrition may use or disclose your PHI if you agree, or if you are provided with an opportunity to object and you do not object, or if it can be reasonably inferred from the circumstances, based on the exercise of best judgment, that you do not object to the use or disclosure.
- If you are not present, KPS Nutrition will, using best judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

Your Rights

You have the right to:

- **Revoke any authorization, in writing, at any time.**
- **Request restrictions on certain use and/or disclosure of your PHI as provided by law.** To request restrictions, you must submit a written request informing Kristen Pufahl Schreck of what information you want to limit, whether you want to limit the use or disclosure, or both, of your PHI, and to whom you want the limits to apply. If

your request is accepted, it will be complied to unless the information is needed in order to provide you with emergency treatment.

- **Receive confidential communications of PHI by alternative means or at alternative locations.** You must make your request in writing and all reasonable requests will be accommodated.
- **Inspect and copy your PHI as provided by law.** To inspect and copy your PHI, you must submit a written request to the practice's privacy officer. In certain situations that are defined by law, your request may be denied, but you will have the right to have the denial reviewed. You can be charged you a fee for the cost of copying, mailing, or other supplies associated with your request.
- **Amend your PHI as provided by law.** To request an amendment, you must submit a written request to Kristen Pufahl Schreck. You must provide a reason that supports your request. Your request may be denied if it is not in writing, if you do not provide a reason and support of your request, if the information that needs amended was not created by the practice (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by the practice, if the information is not part of the information you would have permission to inspect and copy, and/or if the information is accurate and complete. If you disagree with a denial, you have the right to submit a written statement of disagreement.
- **Receive an accounting of disclosures of your PHI as provided by law.** To request an accounting, you must submit a written request. The request must state a time period not longer than 6 years. The request should indicate in what form you want to receive the list, such as a paper or electronic copy. The first list you request within a 12-month period is free, but you may be charged for the cost of providing additional lists in that same 12-month period. You will be notified of the costs involved, and you can decide to withdraw or modify your request before any costs are incurred.
- **Receive a paper copy of this *Notice of Privacy Practices* upon request.**
- **File a complaint with the Office of the Secretary, US Department of Health and Human Services, Office for Civil Rights.** You may contact a regional office of the Office for Civil Rights (locations available at www.hhs.gov/ocr/regmail.html).
- **Obtain more information or to have your questions about your rights answered.**

KPS Nutrition's requirements

KPS Nutrition:

- Is required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices.
- Is required to abide by the terms of this Notice of Privacy Practices.
- Reserves the right to change the terms of this Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for your entire PHI that it maintains.
- Will not retaliate against you for making a complaint.
- Must make a good faith effort to obtain from you an acknowledgement of receipt of this notice.
- Will post this Notice of Privacy Practices on the practice's Web site, if it maintains a Web site.
- Will provide this Notice of Privacy Practices to you by e-mail, if you so request. However, you also have the right to obtain a paper copy of this Notice of Privacy Practices.

Acknowledgment of Privacy Practices

I have received a copy of the KPS Nutrition Notice of Privacy Practices.

Name: _____ DOB: _____

Signature: _____ Date: _____