

Nurturing Life Concepts, LLC  
Wendy A West Pidkaminy, LCSW-R  
Executive Officer  
8195 Cazenovia Road, Suite 9 Manlius NY 13104

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE READ CAREFULLY.**

**NOTICE OF PRIVACY PRACTICES**

The following is the Notice of Privacy Practices for Nurturing Life Concepts, LLC, its staff and Wendy A West Pidkaminy, Executive officer. HIPPA is a federal law that requires us to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy policies with respect to your protected health information. We are required by law to abide by the terms of this Notice of Privacy Practices.

**Your Protected Health Information**

Your “protected health information” (PHI) broadly includes any health information, oral, written, or recorded, that is created or received by us, other healthcare providers, and health insurance companies or plans, that contains data, such as your name, address, social security number, and other information, that could be used to identify you as the individual patient who is associated with that health information.

**Uses or Disclosures of Your Protected Health Information**

Generally, we may not “use” or “disclose” you PHI without your permission, and must use or disclose your PHI with accordance with the terms of your permission. “Use” refers generally to activities without our office. “Disclosure” refers generally to activities involving parties outside of our office. The following are the circumstances under which we are permitted or required to use or disclose your PHI. In all cases, we are required to limit such uses or disclosures to the minimal amount of PHI that is reasonably required.

Without Your Written Authorization

Without your written authorization, we may use without our offices, or disclose to those outside our office, your PHI in order to provide you with the treatment you require or request, to collect payment for our services, and to conduct other related health care operations as follows:

*Treatment activities include:* (a) use within our office by our professional staff for the provision, coordination or management of your health care at our office; (b) our contacting you to provide appointment reminders or information about treatment alternatives or other health-related serves that may be of interest to you.

*Payment activities include:* (a) if you initially consent to treatment using the benefits of your contract with your health insurance plan, we will disclose to your health plans or plan administrators, or their appointed agents, PHI for such plans or administrators to determine coverage, for their medical necessity reviews, for their appropriateness of care reviews, for their utilization review activities, and for adjudication of health benefit claims; (b) Disclosures for billing for which we have Business Associate Agreements that protect the privacy of your PHI; and (c) disclosures to attorneys, courts, collection agencies and consumer reporting agencies, of information as necessary for the collection of our unpaid fees, provided that we notify you in writing prior to out making collection efforts that require disclosure of your PHI.

**Complaints**

You may file a complaint with the Secretary of DHHS if you believe that your privacy rights have been violated. Please submit any complaint to us in writing by mail to our Privacy-Security Officer at the mailing address below. A complaint must name the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPPA or this Notice of Privacy Practices. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

**Amendments to this Notice of Privacy Practices**

We reserve the right to revise or amend this Notice of Privacy Practices at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. Upon your written request, we will provide you with notice of any revisions or amendments to this Notice of Privacy Practices or changes in the law affecting this Notice of Privacy Practices, by mail or electronically within 60 days of receipt of your request.

**Ongoing Access to Notice of Privacy Practices**

We will provide you with a copy of the most recent version of this Notice of Privacy Practices at any time upon your written request sent to our Privacy-Security Officer at the mailing address below. For any other requests or for further information regarding the privacy of your PHI, and for information regarding the filing of a complaint, please contact us at the address, telephone number, or email address listed above.

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**To contact:**

Privacy-Security Officer is: Wendy A West Pidkaminy, LCSW-R  
Mailing address: 8195 Cazenovia Road, Suite 9, Manlius NY 13104  
Telephone Number: (315) 682-4005  
E-mail: [wendy@nurturinglifeconcepts.com](mailto:wendy@nurturinglifeconcepts.com)  
[www.nurturinglifeconcepts.com](http://www.nurturinglifeconcepts.com)