



WELLNESS CLINIC
BIJANA KADAKIA ND LAC

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.

For more information, or to report a problem, please contact us at (503) 987-3622.

This Notice of Privacy Practices describes how this clinic, Serenity Wellness Clinic, LLC, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We recognize that health care information about you is personal. We are committed to protecting the confidentiality of your health care information. We are also required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information, and abide by the practices of this notice.

The following sections and categories describe different ways we use and disclose health care information about you. For each category, we explain what we mean, and for some categories we try to give you a meaningful example about the use or disclosure. All of the ways we are permitted to use and disclose health care information about you will fall into the Permitted Use and Disclosure of Your Health Care Information

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, if your personal physician refers you to a specialist; we will send the specialist healthcare information about you

Payment: We are permitted to use and disclose your health care information in order to bill and receive payment from you, your insurance company or a third-party payer for the services you received. For example, we may need to disclose information about your treatment to your insurance company so that your insurance company will pay us or reimburse you for the treatment. We may also tell your insurance company about treatment you are going to receive in order to obtain approval or to determine whether your insurance will cover the treatment.

We may also disclose your health care information with other providers who are involved in your care for their payment purposes. For example, we may release information to emergency responders to allow them to obtain payment or reimbursement for services provided to you.

Health Care Operations: We are permitted to use your health care information for our business

Tualatin Clinic address:
8555 SW Tualatin Road Suite B
Tualatin, OR 97062
Phone:503-987-3622

Scappoose Clinic address:
51669 SW Columbia River Hwy Suite 130
Scappoose, OR 97056
DoctorBijana.com

Business Mailing address:
PO Box 230095
Tigard, OR 97281
Fax:503-987-3022

operations. For example, we may use your health care information to assess the quality of care you receive and to ensure that our clinic continues to provide the quality of care you and other patients deserve. Other examples of business operations include: training of medical personnel, peer review, licensure and accreditation, audits by regulatory agencies, and compliance with all federal and state regulations.

We may disclose your information to another health care provider or health plan if they have a relationship with you and need the information for their own business operations.

Business Associates: We may disclose your health care information to third parties whom we contract with to perform business services for us, such as billing companies, quality assurance reviewers, and translator services. We require that all business associates implement appropriate safeguards to protect your health care information.

Health Care Information with Additional Protection: In some instances, Oregon law provides additional privacy protections for HIV, substance abuse, mental health and genetic testing. For more information on Oregon law related to these specially protected records, please contact our Privacy Officer.

Appointment Reminders: We may use and disclose your health care information to contact you as a reminder that you have an appointment at our clinic.

Treatment Alternatives: We may communicate to you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may communicate to you about a product or service that may be of interest to you concerning your treatment, management, or ongoing care.

Fund-Raising: We may use demographic information to contact you about our fundraising activities. We will release only contact information (such as your name, address and phone number) and information about when you received treatment or services. Our fund-raising communications sent to you will offer you the opportunity to opt-out of receiving future fund-raising material.

Directory Information: Unless you object, you will be included in our patient directory. This information may include your name, physical location, phone number and email address.

Individuals Involved in Your Care or Payment for Care: We may disclose to your family, friends or anyone else whom you identify, medical and/or billing information relevant to that person's involvement in your care. If you are unable to make a health care decision yourself, we may disclose your health care information as necessary if we determine that it is in your best interest.

Use and Disclosure of Your Health Care Information for Special Purposes

Coroners, Medical Examiners and Funeral Directors: We will disclose health care information to a coroner, medical examiner or funeral director as required by or applicable to law.

Disaster Relief: We will disclose health care information about you to federal, state, or local government agencies engaged in disaster relief efforts, as well as to private organizations chartered to assist in disaster relief, such as the American Red Cross. The information about you is disclosed

so that these agencies can help family members or friends locate you, can inform them about your general condition or can help you obtain medical care.

Health Oversight Activities: We may disclose health care information 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 in order for the government to monitor the U.S. healthcare system, government programs, and compliance with civil rights laws.

Incidental Disclosures: Incidental disclosures of your health care information may occur as a by-product of permitted use and disclosures of your health care information. For example, a visitor may overhear a discussion about your care in the front office area. These incidental disclosures are permitted if we have applied reasonable safeguards to protect the confidentiality of your health care information.

Law Enforcement: We may disclose your health care information to law enforcement officials as required by law or as directed by court order, warrant, criminal subpoena or other lawful process, and in other limited circumstances for purposes of identifying or locating suspects, fugitives, material witnesses, missing persons or crime victims.

Legal Proceedings: If you are involved in a lawsuit or a dispute, we may disclose health care information about you in response to a court or administrative order. We also may disclose medical information about you in response to a civil subpoena, discovery request, or other lawful process by someone involved in the disagreement, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Limited Data Set Information: We may disclose limited health care information to third parties for purposes of research, public health and health care operations. Before disclosing this information, we remove direct identifiers and have the recipient of the information enter into a contract agreement that limits how the data may be used or disclosed.

The agreement must contain assurances that the recipient of the information will use appropriate safeguards to prevent inappropriate use or disclosure of the information.

Military and Veterans: If you are a member of the armed forces, we may release health care information about you as required by military command authorities.

National Security, Intelligence Activities, Protection Services for the President and Others: We will disclose health care information about you to authorized federal officials for lawful intelligence, counterintelligence or other national security activities authorized by law; for protection of the U.S. President, other authorized persons or foreign heads of state; or for special authorized investigations.

Public Health Activities: We may disclose health care information about you for public health activities as authorized and required by law. These activities typically include reports to such agencies as the Oregon Department of Human Services. The disclosures are usually made for the purpose of preventing or controlling disease, injury or disability. Examples are: reporting of disease, injury, and vital events such as births and deaths, reporting of child and elder abuse; and reporting of

reactions to medications and problems with products.

Required by Law: We will disclose health care information about you when required to do so by federal, state, or local

To Avert a Serious Threat to Health or Safety: We will use and disclose health care information about you when necessary, to prevent a serious threat to your health and safety or the health and safety of others.

Workers' Compensation: We will release health care information about you for workers' compensation or similar programs as authorized by law. These programs provide benefits for work-related injuries or illness.

Other Uses and Disclosure of Your Health Care Information

Authorization: Uses and disclosures of your health care information not described in this notice or in the laws that apply to us require your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require your authorization. If you provide True Health Medicine, PC with an authorization to use or disclose health care information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health care information about you for the reasons covered by your written authorization. You are to understand that we cannot take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care we XXX

Your Rights Regarding Health Care Information

Breach Notification: You have the right to be notified following a breach of your unsecured protected health information. Serenity Wellness Clinic, LLC takes every precaution to ensure that your personal health care information is protected at all times. In the unforeseen event that there is a breach, Serenity Wellness Clinic, LLC will notify all affected individuals and follow all federal, state and local laws regarding breach notification.

Right to Inspect and Copy: With certain exceptions, you have the right to inspect medical and billing records used to make decisions about you and/or to receive a copy of the records.

To inspect records and/or obtain a copy, you must submit your request in writing. If you request a copy of the information, we may charge a fee to cover the cost of producing and mailing the copy.

In some cases, we may deny your request to inspect records and/or obtain a copy. If you are denied access to medical information, you may request that the denial be reviewed.

To make a request to inspect your records or obtain a copy, please contact us by phone at 503-987-3622 or fax a request to 503-987-3022.

Right to Amend: If you believe that the health care information that we may use to make decisions about you is incorrect or incomplete, you may ask us to amend the information. The request must be in writing and include a reason. We may deny your request if the records are complete and accurate, if the records were not created by us, and if the records' author is available; if the records are not

maintained by us or if the records are otherwise not subject to your access. We will explain our reasons for denial in a written response to you. You have the right to respond in writing to

All documents about a requested amendment are retained in your records and are included in any future disclosures that you authorize or that are otherwise allowable by law.

To make a request to amend your records, please contact us by phone at 503-987-3622 or fax a request to 503-987-3022.

Right to an Accounting of Disclosures: You have the right to a listing of the disclosures we made of your health care information after September 23, 2013, except for the following: disclosures made for the purpose of treatment, payment or health care operations; disclosures you authorized; disclosures to you; incidental disclosures; disclosures from the facility directory; disclosures to family or other persons involved in your care; disclosures to correctional institutions and law enforcement in some circumstances; disclosures of limited data set information; and disclosures for national security or intelligence purposes. Health oversight agencies and law enforcement may request that we temporarily suspend your right to a specific disclosure.

To request a list of disclosures please contact us by phone at 503-987-3622 or fax a request to 503-987-3022.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health care information we use or disclose about you for treatment, payment or health care operations. You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for the health care service.

You must submit your request for a restriction in writing. Within your written request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. Electronic signatures will not be accepted except where required by law - please sign in ink and mail the completed request to PO Box 230095, Tigard, OR 97281. For timeliness, requests may be faxed or sent via EHR portal and this request will be considered valid for 30 days from the date of receipt or until the signed request is received, whichever is shorter.

All requests for restriction will be reviewed and a decision will be provided to you in writing. We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment for you.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask us to not call you at home, but rather to communicate only by mail. This request may be made verbally in person or via telemedicine, but not verbally by telephone to ensure that your identity may be confirmed. This request may also be made via portal message or in writing. We will honor all reasonable requests.

Right to a Paper Copy of This Notice: You may obtain a paper copy of this notice at any time by requesting a copy. You also may print a copy from the clinic website, www.doctorbijana.com.

We reserve the right to change our health information privacy practices and the terms of this notice,

and to make the new provisions effective for all health care information we maintain, including health care information created or received prior to the effective date of any such revised notice. Should our privacy practices change, we will post the revised notice at a prominent location within our clinic and make the revised notice available to you at your request.

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with Serenity Wellness Clinic at any time verbally or in writing. We will not retaliate against you for filing a complaint.

References and Contacts

As a microclinic, Serenity Wellness Clinic, LLC is owned, operated and administered by its sole member manager, Bijana Kadakia, ND, LAc. As such, Dr. Kadakia serves in all relevant HIPAA officer roles such as Privacy Officer and Health Information Management (Medical Record) Manager.

Business Mailing Address:

Serenity Wellness Clinic, LLC

PO Box 230095

Tigard, OR 97281

Phone: (503) 987-3622

Fax: (503) 987-3022

Office for Civil Rights

Secretary of the U.S. Department of Health and Human Services

2201 Sixth Avenue – Suite 900

Seattle, WA 98121-1831

(206) 615-2287 (Voice) (206) 615-2296 (TTD)

(206) 615-2297 (Fax) OCRComplaint@hhs.gov (email)

Effective Date: April 1, 2020

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