Keli Beres Nutrition

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NOTICE OF PRIVACY PRACTICES

Effective Date: July 3, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

Keli Beres Nutrition understands that health information about you and your health care is personal. I am committed to protecting your health information.

I create and maintain records of the nutrition care and services you receive from this practice. These records are used to provide care, support continuity of care, document services, communicate when appropriate, support billing and payment, and comply with legal and professional requirements.

This Notice applies to records created or maintained by Keli Beres Nutrition. This Notice describes the ways I may use and disclose your protected health information (“PHI”), your rights regarding your PHI, and my responsibilities for protecting your PHI.

I am required by law to:

1. Make sure that PHI that identifies you is kept private.

2. Give you this Notice of my legal duties and privacy practices.

3. Follow the terms of the Notice currently in effect.

I may change the terms of this Notice. Changes will apply to all information I have about you. The current Notice will be available upon request and/or electronically.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I may use and disclose health information. Not every use or disclosure will be listed, but all permitted uses and disclosures fall within one of these categories.

Treatment, Payment, and Health Care Operations

I may use and disclose your PHI for treatment, payment, and health care operations.

Treatment may include using your health information to provide nutrition care, coordinate with other healthcare providers, review relevant medical history, evaluate nutrition concerns, make nutrition recommendations, document care, or communicate with another provider involved in your care.

Payment may include using or disclosing information to obtain payment for services, process claims, provide superbills, communicate about balances, or manage billing.

Health care operations may include quality improvement, documentation review, scheduling, administrative activities, business operations, credentialing, compliance, and other activities needed to operate the practice.

Communication With Other Providers

I may disclose your PHI to other healthcare providers involved in your care when needed for treatment, coordination of care, referrals, or consultation.

Appointment Reminders and Health-Related Services

I may use and disclose your PHI to contact you about appointments, scheduling, billing, follow-up, care-related information, treatment alternatives, or health-related services offered by this practice.

Lawsuits and Disputes

If you are involved in a lawsuit, legal claim, administrative proceeding, or dispute, I may disclose PHI in response to a court order, administrative order, subpoena, discovery request, or other lawful process, as permitted or required by law.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain uses and disclosures require your written authorization. These may include uses or disclosures not otherwise permitted by law.

Marketing

I will not use or disclose your PHI for marketing purposes without your written authorization, unless permitted by law.

Sale of PHI

I will not sell your PHI.

Other Uses and Disclosures

Uses and disclosures not described in this Notice or otherwise allowed by law will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that I have already relied on it.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to limits under applicable law, I may use or disclose PHI without your authorization or the following purposes:

Required by Law

I may use or disclose PHI when required by state, federal, or local law.

Public Health and Safety

I may disclose PHI for public health activities, including reporting certain diseases, injuries, abuse, neglect, domestic violence, or other concerns as required or permitted by law.

Health Oversight Activities

I may disclose PHI to health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensure, and disciplinary actions.

Judicial and Administrative Proceedings

I may disclose PHI in response to a court order, administrative order, subpoena, discovery request, or other lawful process, as permitted or required by law.

Law Enforcement

I may disclose PHI for law enforcement purposes when permitted or required by law.

Coroners, Medical Examiners, and Funeral Directors

I may disclose PHI to coroners, medical examiners, or funeral directors when required or permitted by law.

Serious Threat to Health or Safety

I may use or disclose PHI when necessary to prevent or reduce a serious threat to your health or safety or the health or safety of another person.

Workers' Compensation

I may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws.

Specialized Government Functions

I may disclose PHI for specialized government functions, such as military, national security, protective services, or correctional institution purposes, when permitted or required by law.

V. USES AND DISCLOSURES WHERE YOU MAY OBJECT

Family, Friends, or Others Involved in Your Care

I may disclose PHI to a family member, friend, caregiver, or other person you directly identify as involved in your care or payment for your care, unless you object or request a restriction.

In an emergency or situation where you are unable to agree or object, I may use professional judgment to determine whether disclosure is in your best interest.

VI. YOUR RIGHTS REGARDING YOUR PHI

Right to Request Limits on Uses and Disclosures

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree to all requests, but I will consider them.

Right to Request Restrictions for Out-of-Pocket Services Paid in Full

If you pay out-of-pocket in full for a service, you may request that I not disclose information about that service to your health plan for payment or health care operations purposes, unless disclosure is required by law.

Right to Request Confidential Communications

You have the right to request that I contact you in a specific way or at a specific location. I will agree to reasonable requests.

Right to Access and Receive Copies of Your Records

You have the right to inspect or receive a copy of your health records, with limited exceptions. Requests must be made in writing. I will respond within the time required by law and may charge a reasonable, cost-based fee if permitted.

Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you have the right to request an amendment. I may deny the request in certain circumstances, but I will explain the reason in writing.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures of your PHI made by this practice. This does not include disclosures made for treatment, payment, health care operations, or disclosures you authorized.

Right to Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice upon request.

Right to Be Notified of a Breach

You have the right to be notified if there is a breach of unsecured protected health information that affects you, as required by law.

VII. QUESTIONS OR COMPLAINTS

If you have questions about this Notice or your privacy rights, you may contact:

Keli Beres Nutrition

Email: contact@keliberes.com

Phone: 410-205-9555

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated.

Keli Beres Nutrition will not retaliate against you for filing a complaint.

VIII. EFFECTIVE DATE

This Notice went into effect on July 3, 2026.