

Notice of Privacy Practices

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Our Commitment to Your Privacy

Steamboat Functional Medicine understands that your health information is personal and confidential. We are committed to protecting the privacy and security of your protected health information (PHI).

This Notice describes how we may use and disclose your PHI and outlines your rights regarding your health information.

We are required by law to:

- maintain the privacy of your protected health information
- provide you with this Notice of our legal duties and privacy practices
- notify you if a breach occurs that may compromise the privacy or security of your information
- follow the terms of the Notice currently in effect

We reserve the right to change the terms of this Notice and to make revised notices effective for all health information we maintain. Updated notices will be made available upon request and on our website.

How We May Use and Disclose Your Health Information

The following categories describe ways we may use and disclose your protected health information without your written authorization.

Treatment

We may use your health information to provide, coordinate, or manage your medical care and related services.

For example, we may share your information with:

- laboratories
- pharmacies
- other healthcare professionals involved in your care

This helps ensure safe and coordinated treatment.

We may also contact you regarding:

- appointment reminders
 - treatment options
 - health-related services relevant to your care
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Payment

We may use and disclose your protected health information as necessary to obtain payment for healthcare services that we provide to you.

As a primarily self-pay practice, payment is often collected directly from you at the time services are provided. We may use your health information to generate billing statements, process payments, and document services provided.

If services are billed to a third-party payer, including Medicare, we may disclose information about your treatment to that payer in order to:

- determine eligibility for coverage
- obtain authorization for services when required
- submit claims for payment
- verify medical necessity
- review or audit claims

This information may include details about your diagnosis, treatment, and services provided.

If services are covered by Medicare or another third-party payer, required claims or documentation may be submitted as permitted by law.

Healthcare Operations

We may use or disclose your information for activities necessary to operate the practice and ensure quality care.

These activities may include:

- quality assessment and improvement
- care coordination
- practice management and administrative activities
- reviewing treatment outcomes
- training or educational purposes

When possible, information used for these purposes may be de-identified so that it cannot be linked to you.

Business Associates

We may disclose health information to third-party service providers who perform functions on our behalf (such as electronic medical record providers, billing services, or technology vendors).

These organizations are required to protect your information under federal privacy laws.

As Required by Law

We will disclose your health information when required to do so by federal, state, or local law.

Public Health and Safety

We may disclose health information to appropriate authorities for public health purposes such as:

- preventing or controlling disease
 - reporting adverse events related to medications or supplements
 - responding to public health investigations
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Health Oversight Activities

Your information may be disclosed to government agencies authorized to conduct audits, investigations, inspections, or licensure reviews.

Judicial and Administrative Proceedings

If you are involved in a legal proceeding, we may disclose your information in response to a court order, subpoena, or other lawful request.

Law Enforcement

We may release health information if required by law enforcement officials under certain circumstances, such as locating a suspect, reporting a crime, or complying with a legal warrant.

Serious Threat to Health or Safety

We may use or disclose your health information when necessary to prevent a serious threat to your health or the health and safety of another person.

Electronic Communication

We may communicate with you electronically through methods such as email, patient portals, or text messaging.

Electronic communication carries some risk of unauthorized access. By choosing to communicate electronically, you acknowledge these potential risks.

Your Rights Regarding Your Health Information

You have several important rights regarding your protected health information.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your medical records and billing records.

Requests must be made in writing. We may charge a reasonable fee for copying or mailing records.

Right to Amend

If you believe your health information is incorrect or incomplete, you may request that we amend the record.

Requests must be submitted in writing with an explanation supporting the requested change.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by this practice.

This list may include disclosures made within the previous six years, excluding disclosures related to treatment, payment, or healthcare operations.

Right to Request Restrictions

You may request restrictions on how we use or disclose your health information.

While we will consider all requests, we are not required to agree to every restriction.

Right to Request Confidential Communications

You have the right to request that we communicate with you in a specific way or at a specific location.

For example, you may request that we contact you only by email or only at a certain phone number.

Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Steamboat Functional Medicine Privacy Officer

Anna Lundeen, M.D.

Anna.Lundeen@SteamboatFunctionalMedicine.com

or with:

U.S. Department of Health and Human Services

Office for Civil Rights

You will not be penalized or retaliated against for filing a complaint.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time.

Updated versions will apply to all health information we maintain and will be available upon request and on our website.

Effective Date

This Notice of Privacy Practices is effective as of:

Date: March 10, 2026