

**LIFETIME NUTRITION, LLC Coco Newton, MPH, RD, CCN**

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Phone 734-233-3075 Fax 734-233-3076

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As a patient of Lifetime Nutrition, LLC, you have the right to adequate notice of the uses and disclosures of your protected health information.

Lifetime Nutrition, LLC will use and disclose your health information in order to treat you or to assist other health care providers in treating you, to obtain payment for services or allow insurance companies to process insurance claims for services rendered to you. Information could be disclosed for certain limited operational activities such as quality assessment, licensing, accreditation, and training of students.

Except as stated in more detail in the Notice of Privacy Practices, Lifetime Nutrition, LLC will not use or disclose your health information without your written authorization.

Uses and disclosures not requiring your written authorization include:

- To family members or close friends who are involved in your health care
- For certain limited research purposes.
- For purposes of public health and safety
- To government agencies for purposes of their audits, investigations, and other oversight activities
- To government authorities to prevent child abuse or domestic violence
- To the FDA to report product defects or incidents
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas and as otherwise required by law

**PATIENT RIGHTS:**

- To have access to and/or copy of your health information
- To receive an accounting of certain disclosures made of your health information
- To request restrictions as to how your health information is used or disclosed
- To request that communication with you be made in confidence
- To request amendment of you health information
- To receive notice of privacy practices.

If you have a question, concern or complaint regarding the privacy practice, please contact Lifetime Nutrition, LLC. You may also file a complaint with the U.S. Secretary of Health and Human Services.

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## Privacy Notice Acknowledgment Form

By signing this form, I acknowledge that I have received the Lifetime Nutrition, LLC Privacy Notice and received the summary of HIPAA (Health Insurance Portability and Accountability Act). Whenever the Privacy Notice is revised, a new copy will be provided at the next appointment.

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PATIENT  
OR LEGAL REPRESENTATIVE \_\_\_\_\_

RELATIONSHIP TO THE PATIENT \_\_\_\_\_

This will be retained with the patient record.

For failure to obtain acknowledgment, check the appropriate reason:

Substantial communication barriers

Refusal to sign

Other

\_\_\_\_\_  
Nutritionist Signature

\_\_\_\_\_  
Date