HIPAA Notice of Privacy Practices

J.Nutrition, LLC
Eating Disorder Vault

Effective Date: September 2026

Your Information. Your Rights. Our Responsibilities.

This Notice describes how medical and health information about you may be used and disclosed and how you can access this information.

Please review it carefully.

For questions about this Notice or our privacy practices, contact:

Privacy Contact
J.Nutrition, LLC
Eating Disorder Vault
Email: hello@eatingdisordervault.com
Phone: 509-731-4104
Website: EatingDisorderVault.com

Your Rights

You have certain rights regarding your protected health information.

Get a Copy of Your Health Information

You may ask to see or obtain an electronic or paper copy of health information we maintain about you.

We will generally provide a copy or summary within the time required by law. We may charge a reasonable, cost-based fee when permitted by law.

In certain limited circumstances, we may deny access to some information. If we deny a request, we will explain the reason in writing and tell you whether you have the right to request a review of that decision.

Ask Us to Correct Your Health Information

If you believe health information we maintain about you is incorrect or incomplete, you may ask us to amend it.

We may deny your request in certain circumstances, but we will explain the reason in writing.

Request Confidential Communications

You may ask us to contact you in a specific way or at a particular location.

For example, you may ask that we contact you only through a certain phone number, email address, or mailing address.

We will accommodate reasonable requests as required by law.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or healthcare operations.

We are generally not required to agree to every request.

However, when you pay for a healthcare service entirely out of pocket and ask us not to disclose information about that service to your health plan for purposes of payment or healthcare operations, we will comply when required by law unless another law requires the disclosure.

Get a List of Certain Disclosures

You may ask for an accounting of certain disclosures of your protected health information made during the six years before your request.

The accounting generally does not include disclosures for treatment, payment, healthcare operations, or certain other disclosures excluded by law.

We will provide one accounting during a 12-month period without charge. We may charge a reasonable, cost-based fee for additional requests when permitted by law.

Get a Copy of This Notice

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

A current copy is also available through EatingDisorderVault.com.

Choose Someone to Act for You

If another person has legal authority to act on your behalf, such as through a healthcare power of attorney, guardianship, or other legally recognized authority, that person may exercise your privacy rights as permitted by law.

We may verify that person's authority before acting on a request.

File a Complaint

If you believe your privacy rights have been violated, you may contact:

Privacy Contact
J.Nutrition, LLC
Eating Disorder Vault
Email: hello@eatingdisordervault.com
Phone: 509-731-4104

You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights**.

Visit:

HHS.gov/hipaa/filing-a-complaint

We will **not retaliate against you** for filing a complaint.

Your Choices

For certain types of information, you may tell us what you prefer us to do.

Family, Friends, and Others Involved in Your Care

You may tell us whether we may share relevant health information with a family member, friend, caregiver, or another person involved in your care or payment for your care.

If you are unable to tell us your preference, such as during an emergency, we may share information when we determine that doing so is in your best interest and is permitted by law.

We may also share information when necessary to lessen a serious and imminent threat to health or safety.

Marketing

We generally must obtain your written authorization before using or disclosing your protected health information for marketing purposes when authorization is required by law.

Sale of Protected Health Information

We will not sell your protected health information without your written authorization when authorization is required by law.

Fundraising

If we ever contact you for fundraising purposes using information permitted by law, you may tell us not to contact you again for that purpose.

How We May Use and Share Your Information

We may use or disclose protected health information without your written authorization when permitted or required by law.

Common examples include:

Treatment

We may use or disclose your health information to provide, coordinate, or manage your care.

For example, we may communicate with physicians, therapists, registered dietitians, treatment programs, laboratories, pharmacies, or other healthcare professionals involved in your care when permitted by law.

Payment

We may use and disclose your information to bill and collect payment for services.

For example, we may provide information to your health insurance plan to determine eligibility or benefits, submit a claim, obtain authorization when required, or respond to questions regarding payment for services.

Healthcare Operations

We may use or disclose your health information for activities necessary to operate our healthcare practice.

Examples may include:

- Quality improvement
- Reviewing services and treatment practices
- Business planning
- Administrative activities
- Compliance activities

- Auditing
- Credentialing
- Legal and accounting services
- Staff or professional training when applicable

Appointment Reminders and Care Communications

We may use your contact information to communicate with you about appointments, scheduling, treatment-related matters, or healthcare services that may be relevant to your care.

Business Associates

We may share protected health information with companies or individuals that perform services on our behalf when those services involve protected health information.

Examples may include:

- Electronic health record providers
- Billing services
- Secure communications providers
- Information technology providers
- Practice-management services
- Other vendors assisting with healthcare operations

When required by HIPAA, these organizations enter into agreements requiring them to appropriately protect your information.

As Required by Law

We may disclose protected health information when federal, state, or local law requires us to do so.

Public Health and Safety

We may disclose information when legally permitted or required for certain public health activities, including reporting or preventing disease, injury, or other threats to public health.

Abuse, Neglect, or Domestic Violence

We may disclose health information to an appropriate government authority when required or permitted by law in connection with suspected abuse, neglect, or domestic violence.

Preventing a Serious Threat to Health or Safety

We may use or disclose protected health information when permitted by law and necessary to prevent or lessen a serious and imminent threat to the health or safety of you, another person, or the public.

Health Oversight Activities

We may disclose protected health information to authorized health oversight agencies for activities such as audits, investigations, inspections, licensing, or regulatory oversight.

Judicial and Administrative Proceedings

We may disclose health information in response to a valid court order, subpoena, discovery request, or other lawful process when permitted or required by law.

Law Enforcement

We may disclose protected health information to law enforcement officials in circumstances permitted or required by law.

Workers' Compensation

We may disclose protected health information as authorized or required by laws governing workers' compensation or similar programs.

Coroners, Medical Examiners, and Funeral Directors

We may disclose protected health information to coroners, medical examiners, or funeral directors when permitted or required by law.

Organ and Tissue Donation

When applicable, we may disclose protected health information to organizations involved in organ, eye, or tissue donation and transplantation.

Government Functions

We may disclose protected health information for certain legally authorized government functions, including military, national-security, protective-service, or correctional-institution purposes.

Uses and Disclosures Requiring Your Written Authorization

Uses or disclosures of your protected health information not described in this Notice will generally be made only with your written authorization unless otherwise permitted or required by law.

If you give us written authorization, you may revoke that authorization in writing at any time.

Revoking an authorization will not affect actions already taken in reliance on the authorization before we received your revocation.

Certain uses and disclosures, including some uses involving marketing, sale of protected health information, psychotherapy notes, or other specially protected information, may require specific authorization under applicable law.

Additional Privacy Protections

Certain types of health information may receive additional protection under federal or state law.

When another law provides greater privacy protections than HIPAA, we will follow the law that provides the greater protection when applicable.

This may include certain information relating to:

- Mental health services
- Substance use disorder treatment
- HIV or other specially protected health information
- Minor healthcare services
- Reproductive or sexual health information
- Other information protected by applicable state or federal law

J.Nutrition, LLC will follow applicable federal and Washington State privacy laws governing the health information it maintains.

Electronic Communication and Online Services

J.Nutrition, LLC may use electronic systems to provide healthcare services and communicate with patients.

We use reasonable administrative, technical, and physical safeguards designed to protect electronic protected health information.

Patients should use designated secure systems for communicating confidential medical or health information whenever available.

The public portions of **EatingDisorderVault.com** provide educational information and resources and are separate from individualized healthcare services.

Patient scheduling, healthcare communications, records, billing information, or other protected health information should be handled through systems designated for clinical use.

Our Responsibilities

J.Nutrition, LLC is required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the privacy practices described in the Notice currently in effect
- Notify affected individuals when required by law if a breach occurs that may have compromised the privacy or security of protected health information

We will not use or disclose your information in a manner inconsistent with this Notice unless you authorize us in writing or the use or disclosure is otherwise permitted or required by law.

Changes to This Notice

We may change the terms of this Notice.

Changes may apply to all protected health information we maintain, including information created or received before the revised Notice became effective.

If we make a material change to this Notice, the revised version will be made available:

- On **EatingDisorderVault.com**
- Upon request
- At any physical office location where we are required to make it available

The effective date at the top of the Notice will identify the current version.

Questions or Complaints

If you have questions about this Notice, want to exercise your privacy rights, or believe your privacy rights may have been violated, contact:

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Eating Disorder Vault

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You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights**.

We will not retaliate against you for exercising your privacy rights or filing a complaint.