

NUTRITIONAL INFORMED CONSENT

According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease".

A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.

Although, a Vitamin, a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as any primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and bio-mechanical processes of the human body.

I, _____ (name), hereby attest to the following:

1. I fully understand that Bryan Bradford, CN, is not a medical doctor and that I am not here for medical diagnostic or treatment procedures.
2. The services performed by Bryan Bradford are at all times restricted to consultation on the subject of natural health and are intended for the maintenance of the best possible state of health and do not involve the diagnosing, prognosticating, or treatment of disease.
3. That I am here, on this and any subsequent visit, solely on my own behalf.

I have read and understand the above:

Signature

Date

**SUNFLOWER SHOPPE, INC.
HIPAA NOTICE**

Effective Date: 01/01/2009

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

Sunflower Shoppe, Inc. and Bryan Bradford, CN, General Manager, 5100 State Hwy. 121 N., Suite A, Colleyville, TX 76034, (817) 399-9100 phone, (817) 399-9909 fax, bradfordbryan@mac.com

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We, Sunflower Shoppe, Inc., understand that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated by Sunflower Shoppe, Inc., whether made by Sunflower Shoppe, Inc. personnel or your personal doctor. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to:

- make sure that protected health information that identifies you is kept private;
- notify you about how we protect protected health information about you;
- explain how, when and why we use and disclose protected health information;
- follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- posting the revised Notice in our office
- making copies of the revised Notice available upon request;
- posting the revised Notice on our Web site.

1. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

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

For Treatment: We may use protected health information about you to provide you with, coordinate or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other Sunflower Shoppe, Inc. personnel who are involved in taking care of you. Sunflower Shoppe, Inc. staff may also share protected health information about you in order to coordinate the different things you need, such as supplements and lab work. We also may disclose protected health information about you to people outside Sunflower Shoppe, Inc. who may be involved in your medical care, such as clergy or others we use to provide services that are part of your care. We may use and disclose protected health information to contact you as a reminder that you have an appointment for a consult at Sunflower Shoppe, Inc. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

For Payment for Services: We may use and disclose protected health information about you so that the treatment and services you receive at Sunflower Shoppe, Inc. may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at Sunflower Shoppe, Inc. so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

2. We may also disclose information to doctors, nurses, technicians, medical students, and other Sunflower Shoppe, Inc. personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other health care facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are. Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our facilities.

HIPAA NOTICE SUNFLOWER SHOPPE, INC. CONT'

As Required By Law: We will disclose protected health information about you when required to do so by federal, state, or local law.

Health Risks: We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed bylaw and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Business Associates: We may disclose information to business associates who perform services on our behalf (such as billing companies). However, we require them to appropriately safeguard your information.

Public Health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Law Enforcement: We may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. We may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

Organ and Tissue Donation: If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Special Government Functions: If you are a member of the armed forces, we may release protected health information about you if it relates to military and veterans activities. We may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations of the Department of State.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Worker's Compensation. We may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

3. Food and Drug Administration. We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstances:

- We may share with a family member, relative, friend, or other person identified by you protected health information directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition or death.
- We may share information with a public or private agency (such as the American Red Cross) for disaster relief purposes. Even if you object, we may still share this information if necessary for the emergency circumstances.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to our contact person listed on page 1 of this Notice.

HIPAA NOTICE SUNFLOWER SHOPPE, INC. CONT'**YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you. You must submit your request in writing to Bryan Bradford, CN. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to Bryan Bradford, CN. In addition, you must provide a reason that supports your request. We will act on the/ your request for an amendment no later than 60 days after receiving the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by Sunflower Shoppe, Inc
- Is not part of the information which you would be permitted to inspect and copy; or
- We believe is accurate and complete.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. The disclosure is to the Secretary of the Department of Health and Human Services. To request restrictions, you must make your request in writing to Bryan Bradford.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time by contacting Bryan Bradford, CN.

OTHER USES AND DISCLOSURES

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provide for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

HIPAA NOTICE SUNFLOWER SHOPPE, INC. CONT'

Sunflower Shoppe
5100 State Hwy 121 N
Colleyville, TX 76034
817-399-9100

Our sessions will be kept in complete confidence (except to collaborate with your primary or other health care professionals when and if necessary). Our recommendations are not intended to diagnose or treat any specific illness or disease.

Acknowledgement Confirming Receipt of HIPAA Privacy Notice

**I acknowledge I have received a copy of Sunflower Shoppe, Inc. HIPAA
Privacy Notice:**

Signature: _____

Date: _____

Bryan Bradford C.N.

**Sunflower Shoppe, Inc.
5100 State Hwy 121 N
Colleyville, TX 76034
817-399-9100 office
817-399-9909 fax**

The following information is for your file in our office and will remain in the strictest confidence.

Date: _____

Name: _____

Address: _____

Telephone Home: _____

Office: _____

Email: _____

Height: _____

Weight: _____

Age: _____

Date of Birth: _____

Name and phone number of relative or close friend in case of emergency:

Chief concern(s) about my health and/or reason I have chosen to see a nutritionist:
