



HIPAA Notice of Privacy Practice

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing wellness services to you, to pay your bills, to support the operation of the therapist's practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a physician to/from whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

Payment: Your PHI will be used and disclosed, as needed, to obtain payment for your wellness services provided by your therapist.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of LMT students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to LMT Students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and possibly indicate your therapist's name. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

Other Permitted and Required uses and Disclosures Will Be made Only with Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your therapist or the therapist's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Required uses and Disclosures; Under the law, we must make disclosures to you and when required by the secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500.

Your Rights

- **You have the right to inspect and copy your PHI:** exceptions: Psychotherapy notes; information compiled in reasonable anticipation of, use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to PHI.
- **You have the right to request a restriction of you PHI:** You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Policies.
- **You have the right to request to receive confidential communications from us by alternative means or at an alternate location.**
- **You may have the right to have your therapist amend your PHI:** This means you may request an amendment of PHI about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI:** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices.
- **You have the right to obtain a paper copy of this notice from us.**

(Continued on back side...)



HIPAA Notice of Privacy Practice *(continued from previous side)*

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

Admissible Unauthorized Disclosures

We may use or disclose your PHI (Personal Health Information) in the following situations without your authorization. These situations include:

- as **Required by Law**: We may disclose your PHI when required by local, state or federal law.
- **Public Health issues required by law, Communicable Diseases**: We may disclose your PHI if it may assist in the preventing or controlling disease, injury or disability.
- **Close Identifiable Persons**: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your care.
- **Health Oversight**: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.
- **Abuse or Neglect**: We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse, child abuse or neglect.
- **Food and Drug Administration**: We may disclose your PHI to a person or company required by the Food and Drug Administration.
- **Legal Proceedings**: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Coroners, Funeral Directors, and Organ Donation**: We may disclose PHI to a coroner, or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- **Research**: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Criminal Activity and Law Enforcement**: We may disclose your PHI if we believe it is necessary to prevent or lessen a threat to the health or safety of a person or the public. Also, we may disclose this information to assist in the identification and apprehension of an individual.
- **Military Activity and National Security**: We may disclose your PHI to the military if needed for National Security.
- **Workers' Compensation**: We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **Inmates**: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.