

NOTICE OF PRIVACY PRACTICES

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.

I am required by applicable Federal and State Law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). I must follow the privacy practices that are described in this Notice (which may be amended from time to time). For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed in Section III, Item G of this notice.

Applicability and Effective Date:

Having determined that I am a covered entity as a "health care provider who transmits any health information in electronic form in connection with a covered transaction" the following Policies and Procedures are in force in my practice: The information contained herein will be in effect beginning January 3, 2011.

I. Uses and Disclosures of Protected Health Information

A. Permissible Uses and Disclosures without Your Written Authorization

I may use and disclose your PHI without your written authorization, excluding Massage Therapy Notes as described in Section II, for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under Federal and State Law.

1. Treatment:

I may use and disclose PHI in order to provide treatment to you. For example, I may use your PHI to diagnose and provide counseling service to you. In addition, I may disclose PHI to other health care providers involved in your treatment.

2. Payment:

I may use or disclose your PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, I may disclose your PHI to permit your health plan to take certain actions before it approves or pays for treatment services.

3. Health Care Operations:

I may use and disclose your PHI in connection with my health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities.

4. Required or permitted by Law:

I may use or disclose your PHI when I am required or permitted to do so by law. For example, I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, I may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to State or Federal Agencies authorized to access your PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the

following: disclosures for public health activities; health oversight activities including disclosures to State or Federal Agencies authorized to access your PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions or otherwise as authorized by law.

a. Records of Disclosure.

Records of disclosure of your PHI without client authorization will be maintained in the case record as required by HIPAA standards. Records of disclosure will include:

- A description of the information to be disclosed;
 - Who (individual or organization) is making the request;
 - Expiration date of the request;
 - A statement that the individual has the right to revoke the request;
 - A statement that information may be subject to re-disclosure by the receiving party;
 - Signature of the client or their representative and date;
 - If signed by a representative, a description of their authority to make the disclosure.
- Records of disclosure will be maintained for at least six years from date of disclosure.

B. Uses and Disclosures Requiring Your Written Authorization

1. Massage Therapy Notes:

Notes recorded by your clinician documenting the contents of a massage session with you (“Massage Therapy Notes”).

2. Marketing Communications:

I will not use your health information for marketing communications without your written authorization.

3. Other Uses and Disclosures:

Uses and disclosures other than those described in Section I, A. above will only be made with your written authorization. For example, you will need to sign an authorization form before I can send your PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

II. Notice of Privacy Practices

- A.** Every attempt will be made in the first session to explain my Privacy Policy, address any restrictions to your PHI and obtain a signature confirming receipt of Notice of Privacy Practices. In those situations where a signature is not possible, I will document my attempts to obtain the signature and the reasons for not doing so.
- B.** A copy of my Notice of Privacy Practices will be posted in my waiting room and updated as policies change. Any client or potential client may have access to a written copy of my Privacy Policy.
- C.** I reserve the right to make changes in my Privacy Policies and Procedures. Language supporting this right will appear in my Notice of Privacy Practices. In those situations where changes are made to my Privacy Policies and Procedures, I will post those changes in my waiting room.
- D.** I will obtain written consent from all clients to release any and all information, including treatment, payment and healthcare operations, except when required by law.

III. Access to Protected Health Information

A. Right to Inspect and Copy:

Clients may request access to their medical record and billing records maintained by me in order to review and/or request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to those records. I may charge a fee for the costs of copying and sending any records requested. [Note: State law regulates such charges]. A parent or legal guardian of a minor will not have access to certain portions of the minor's medical record.(e.g., records related to mental health, drug treatment, or family planning services). Access will be granted within a reasonable time frame and no later than 30 days. In those situations where I determine that access to their PHI would be harmful to the client, I will restrict the client's access to the record. The client may appeal this decision to a neutral third party agreed upon by both the client and me. The decision of that party will be binding.

B. Right to Request Amendment:

Clients have the right to amend their record by including a statement in the case file. The original documentation will remain in the file along side the amendment. All client requests to access case records will be recorded in their file. The client's request must be in writing and must explain why the information should be amended. I may deny requests under certain circumstances.

C. Right to Alternative Communications:

Clients may request, and I will accommodate, any reasonable written request to receive their PHI by alternative means of communication or at alternative locations.

D. Minimum Necessary:

With the exception of release of information for treatment purposes, any disclosure of your PHI will provide only the minimum necessary information to comply with the request.

E. Security of Records:

Appropriate safeguards will be taken to protect the security of your PHI and reasonably protect it from intentional or unintentional disclosures.

F. Right to Request Restrictions:

Clients have the right to request a restriction on their PHI used for disclosure for treatment, payment or health care operations. Clients must request any such restrictions in writing addressed to the Privacy Officer. I am not required to agree to any restrictions clients may request.

G. Right to Obtain Notice:

Clients have the right to obtain a paper copy of my Notice of Privacy Practices by submitting a written request to the Privacy Officer.

H. Questions and Complaints:

Clients who require further information about their privacy rights or have concerns that I have violated their privacy rights may contact the Privacy Officer. Clients may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services.

IV. Your Individual Rights

A. Right to Inspect and Copy:

You may request access to your medical record and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circum-

stances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested. [Note: State law may regulate such charges.] If you are a parent or legal guardian of a minor, please note that certain portions of the minor's medical record will not be accessible to you. (e.g., records related to mental health, drug treatment, or family planning services)].

B. Right to Alternative Communications:

You may request, and I will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions.

You have the right to request a restriction on your PHI used for disclosure for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. I am not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures:

Upon written request, you may obtain an accounting of certain disclosures of your PHI made by me after January 3, 2011. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment:

You have the right to request that I amend your health information. Your request must be in writing, and it must explain why the information should be amended. I may deny your request under certain circumstances.

F. Right to Obtain Notice:

You have the right to obtain a paper copy of this Notice by submitting a request to the Privacy Officer at any time.

G. Questions and Complaints:

If you desire further information about your privacy rights, or are concerned that I have violated your privacy rights, you may contact the Privacy Officer. I am an independent practitioner and am therefore the Privacy Officer for my massage therapy practice. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. I will not retaliate against you if you file a complaint with the Director or myself.

H. You have Specific Rights Under the Privacy Rule:

I will not retaliate against you for exercising your right to file a complaint.

V. Business Associates

- A. It is my policy to obtain a Business Associate Contract with any individual or organization who has access to clients' PHI in my possession and who is not a covered entity under HIPAA or a member of my workforce.
- B. All Business Associate Contracts will include language that reasonably assures that the Business Associate will appropriately safeguard and limit their use and disclosure of your PHI that I disclose to them. In the event I learn of a breach of the Business Associate Contract by the Business Associate, I will immediately take reasonable steps to correct the problem, including termination of the contract with the Business Associate and reporting to the Secretary of the Department of Health and Human Services.
- C. Business Associate Contracts will be in place before having access to client information.

VI. Administrative Requirements — Privacy Official, Complaints and Grievances

- A.** I am the designated Privacy Officer and contact person for my practice. Questions and concerns about violations of HIPAA requirements can be directed to me.
- B.** In the event a breach of confidentiality is reported, I will review the complaint and compare the action I took against HIPAA regulations. In this process I will take reasonable steps to obtain expert opinion and review of my practice to determine if a breach has occurred. If I find that a breach has occurred I will take immediate steps to come into compliance with HIPAA regulations.
- C.** Clients will be informed in my Notice of Privacy Practices of the proper procedure for filing a complaint. At no time will I intimidate, threaten, coerce, discriminate or retaliate against anyone making a complaint against me, nor will clients be asked to waive their rights to receive treatment for filing a complaint against my practice.
- D.** As changes in HIPAA regulations are implemented, I will update my policies, practices and notices to comply with the new regulations. Changes will be posted in my waiting room and on my website.
- E.** All policies pertaining to HIPAA will be retained by my practice for at least six years from the date they are written or the date they are in effect, whichever is later, even if policies and procedures change.

VII. Preemption of State law

I will comply with all state laws pertaining to my practice. In the event that a state law conflicts with HIPAA regulations, I will adhere to the regulation or law that offers clients more stringent protection of their PHI.

VIII. Effective Date and Changes to this Notice

A. Effective Date:

This Notice is effective on January 4, 2016.

B. Changes to this Notice:

I may change the terms of this Notice at any time. If I change this Notice, I may make the new notice terms effective for all PHI that I maintain, including any information created or received prior to issuing the new notice. You may obtain any revised notice by contacting the Privacy Officer or read my posted copy in office or online.