

## *Waterland Wellness*

### 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. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper or verbally be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, we are required to maintain the privacy of your health information and to state how we may use and disclose your health care records for the purposes of treatment, payment, and health care operations. Treatment means providing coordination and/or managing health care and related services by one or more health care providers. For example, we may need to share information with other health care providers or specialists involved in the continuation of your care. Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing a health insurance plan for your medical services. Health Care Operations include the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment. Unless you request otherwise, we will not disclose any protected health information to family members, friends, personal representatives, or to any other individual. In the event of an emergency or your incapacitation, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. Your protected health information may also be used by our office to recommend treatment alternatives or to provide you with information about health related benefits that may be of interest to you. In addition, we may disclose your health information to report suspected abuse, neglect or domestic violence, to the Food and Drug Administration (such as to report adverse drug events), Worker's Compensation claims and business associates such as medical transcription services with whom we contract for services. We require these business associates to protect the confidentiality of your health information. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regard to your protected health information, which you can exercise by presenting a written request to the massage therapist you are working with at the practice address listed below. You have the right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. You have the right to receive confidential communication of protected health information from us by alternative means or an alternative

location. You have the right to access, inspect and copy your protected health information, with limited exceptions. A reasonable fee may be assessed. You have the right to request an amendment to your protected health information. We may, however, deny your request in certain situations. Detailed requests for amendments must be submitted in writing. You have the right to receive an accounting of disclosures of protected health information made outside of treatment, payment, health care operations or based on your previous authorization. You have the right to obtain a paper copy of this notice from us upon request even if you have agreed to receive the notice electronically. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. This notice is effective as of January 1, 2010 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all protect health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice of Privacy Practices from this office. You have the right to file a formal, written complaint with us at the address below or with the department of Health and Human Services, Office of Civil Rights in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our privacy practices, please contact:

Leanne Kuhlman, LMP  
Waterland Wellness  
22014 7<sup>th</sup> Avenue South, Suite 105  
Des Moines, WA 98198  
(206) 824-1441

For more information about HIPAA or to file a complaint, please contact:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue SW  
Washington, D.C. 20201  
(877) 696-6775