

HIPAA Notice of Privacy Practices

BRIDGETOWN BODYWORK

Aarisa Smith, LMT #15732 ~ 8638 N Lombard St. ~ Portland, OR 97203 (760) 613 – 5022

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We are required to abide by the terms of this Notice of Privacy Practices. This Notice is an amendment of the previous notice, will take effect on 7/15/2018 and will remain in effect until it is amended or replaced by us. We reserve the right to change our privacy practices provided law permits the changes.

Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made. You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer, Aarisa Smith. Information on contacting us can be found at the beginning and end of this Notice.

We will keep your health information confidential, using it only for the following purposes:

Scheduling: Your name and appointment times may be shared with a scheduling/calendar provider. No other health details will be associated with this information.

Treatment: If you have authorized communication with your medical providers regarding your care, we may share your protected health information (PHI) including electronic protected health information (ePHI) with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment, billing, administrative support or data analysis. These business associates and subcontractors through signed contracts are required by Federal law to protect your health information. In the event of any subcontractor performing functions normally provided by us, that staff member will have access only to the information pertinent to their specific duties, and will be required to sign a confidentiality statement.

Payment: If you have not paid in full with cash for services, we may use and disclose your health information to seek payment for services we provide to you. This disclosure may involve a billing service or office staff, and may include insurance organizations, collections or other third parties that may be responsible for such costs, such as family members.

Disclosure: We may disclose and/or share protected health information (PHI) including electronic disclosure with other health care professionals who provide treatment and/or service to you. It is our policy to only do this when we have your written consent unless required by law. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so. If an individual is deceased we may disclose PHI to a family member or individual involved in care or payment prior to death.

Uses and disclosures not described in this notice will be made only with your signed authorization.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures” of your protected information if the disclosure was made for purposes other than providing services, payment, and or business operations. This would include mandatory reporting disclosures, requests by the military or law enforcement, and other legally required disclosures. In light of the increasing use of Electronic Medical Record technology (EMR), the HITECH Act allows you the right to request a copy of your health information in electronic form if we store your information electronically. Disclosures can be made available for a period of 6 years prior to your request and for electronic health information 3 years prior to the date on which the accounting is requested. If for some reason we aren’t capable of an electronic format, a readable hardcopy will be provided. To request this list or accounting of disclosures, or a copy of your health information, as detailed in another section of this notice, you must submit your request in writing to our Privacy Officer. There is a flat fee of \$6.50 for this service, per the guidance issued on May 23, 2016 when OCR clarified a flat fee for electronic copies may not exceed \$6.50 (including labor for copies, supplies and postage).

Right to Request Restriction of PHI: If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan; if the request is not required by law. Effective March 26, 2013, The Omnibus Rule restricts provider’s refusal of an individual’s request not to disclose PHI.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. You can request non-routine disclosures going back 6 years (the full duration of time records are required to be kept in the massage profession).

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. The first notification will always follow your emergency contact instructions, but if that individual is incapacitated or not available, other notifications may occur. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up your personal effects that may have been left with us, including filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, insurance operations, health care clearinghouses, motor vehicle insurance company staff and adjustors in the case of a motor vehicle accident and individuals performing similar activities.

Omnibus Rule Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Abuse or Neglect (mandatory reporting): We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing & Fundraising: You may receive an occasional email, text or phone call regarding appointment availability, new services, or promotional pricing from us. The only information used in this is your contact information, your name, and your history of at some point having communicated with us or received services from us. Your health information is never used for marketing purposes. We do not use your information for any external marketing or fundraising purposes ever.

Sale of PHI: We are prohibited to disclose PHI without an authorization if it constitutes remuneration (getting paid in exchange for the PHI). "Sale of PHI" does not include disclosures for public health, certain research purposes, treatment and payment, and for any other purpose permitted by the Privacy Rule, where the only remuneration received is "a reasonable cost-based fee" to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by law. Corporate transactions (i.e., sale, transfer, merger, consolidation) are also excluded from the definition of "sale." We do not sell your PHI. Ever.

Appointment Reminders: We may use your health records to remind you of recommended services, treatment or scheduled appointments.

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) We will provide access to health information in a form / format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. The first set of copies, if requested, will be at no charge. If you want the copies mailed to you, postage will be charged. Additional sets of copies will be charged at the 'flat fee for electronic copies' maximum of \$6.50 even for physical copies, unless in the case of physical copies the number of pages exceeds 50, in which case they will be charged at the state rate per page plus actual postage. Access to your health information in electronic form if (readily producible) may be obtained with your request.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Breach Notification Requirements: It is presumed that any acquisition, access, use or disclosure of PHI not permitted under HIPAA regulations is a breach. We are required to complete a risk assessment, and if necessary, inform HHS and take any other steps required by law. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

QUESTIONS AND COMPLAINTS You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may

have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US:

By mail:

BRIDGETOWN BODYWORK

Aarisa Smith, LMT #15732

8638 N Lombard St.

Portland, OR 97203

By phone:

(760) 613 – 5022

By email (please note this is not a secured form of communication and sensitive information disclosed or requested to be disclosed in this medium is at your own risk- we suggest you use email only to make requests for forms and information. We do honor email as a written request for information, provided a date of birth and full name is included, but ask you to recognize that even disclosing name and date of birth can pose a security risk):

bridgetownbodywork@gmail.com