

Notice of Privacy Practices / Acknowledgments

This Notice of Privacy Practices describes how Body Balance and Beyond may use and disclose your protected health information, as well as, your rights with regards to obtaining your own health Information.

Federal and State laws require Body Balance and Beyond to:

Keep your medical information private.

Make available to you this Notice, describing our legal duties, privacy practices and your rights regarding your protected medical information.

Follow the terms of this Notice.

Body Balance and Beyond has the right to:

Change our Privacy Practices and the terms of this Notice at any time, provided that the changes are permitted by law. Make changes in our Privacy Practices, the terms of which are effective for all medical information we keep, including information previously created or received before the changes.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: We will use and disclose your protected health information to provide, coordinate and administer your healthcare and any related services. This includes the coordination or management of your care with a third party that has already obtained your permission to have access to your personal health information. We will disclose protected health information to physicians who are involved in your care. We will also use and disclose your protected health information with adjustors, nurse case managers, pre-certification boards, or third parties that are involved in your treatment. We may also disclose your protected health information to another healthcare provider who, at the request of your referring physician or physical therapist should be involved in your care.

Payment: Your protected health information will be used to obtain payment for healthcare services. This may include certain activities your health insurance plan may require to approve or pay for the healthcare-services your physician or Body Balance and Beyond recommends for you. These activities include making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Payment for your healthcare services will include use and disclosure of your protected health information with our billing vendors. These vendors are under contract to maintain our patients protected health information.

Health Care Operations: We may use or disclose your protected health information to support the business of Body Balance and Beyond. These activities include but are not limited to, quality assessment activities, employee review activities, and staff training. We will use your protected health information as necessary to contact you about your appointments or treatment.

We will share your protected health information with third party business associates that perform various functions (billing, documentation, etc) for the practice. Whenever any arrangement by our office and a business associate involves the use or disclosure of your protected health information we will have a written contract that contains the terms that will protect the privacy of your protected information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use your name and address to send you a newsletter about our practice or the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

ADDITIONAL USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Public Health Risk: We may use or disclose protected health information about you when necessary to prevent a serious threat to the health and safety of you, another person or the public in general.

Required by law: We will disclose your protected health information about you when required to do so by federal, state or local law. If asked to do so by law enforcement officials in response to a court order, subpoena, warrant, summon or similar process, the release will be subject to all legal requirements.

ADDITIONAL USES AND DISCLOSURES CONTINUED

Health Oversight Activities: We may disclose protected health information to a health oversight agency for audits, investigations, inspections, or licensing purposes.

Special Government Function: Subject to certain requirements, we may disclose your protected health information for military personnel and veterans, for national security and Intelligence activities, for correctional institutions and other law enforcement agencies custodial situations and for government programs providing public benefits.

Research: We may use and disclose health information about you for research projects that are subject to special approval process. We will ask you for permission if the researcher will have access to your name, address or other information that reveals who you are.

Medical Examiner or Coroner: We may share medical information about a person who has died with a coroner or medical examiner.

Notification: We may disclose your protected health information about you to your family members or friends if we obtain verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family and friends, if we can infer from the circumstances, based on our professional judgment that you would not object. In situations where you are not capable of giving authorization (because you are not present, due to incapacity or medical emergency) we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest.

Workers Compensation: We may disclose health information, when authorized and necessary, to comply with laws relating to workers' compensation or other similar programs.

Disaster Preparedness: We may disclose health information to respond in a natural disaster situation in order to provide maximum safety to our staff and patients

PATIENT RIGHTS REGARDING OBTAINING THEIR OWN HEALTH INFORMATION

The following is a statement of your rights with respect to your protected health information.

- You have the right, upon written request and upon allowing 5 business days for therapist review, to inspect and copy your protected health information.
- You have the right to request restrictions on your protected health information.
- You have the right to request confidential communication from us by alternative means or at an alternative location.
- You have the right, upon written request, to request we amend your health information, however, we are not obligated to make changes.
- You have the right, upon written request, to receive an accounting of certain disclosures we have made regarding protected health information.
- You have the right to obtain a paper copy of this notice from us.

COMPLAINTS

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.