

EFFECTIVE DATE:  
04/01/2015

## **NOTICE OF PRIVACY PRACTICES**

**This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **PRIVACY OBLIGATIONS**

Body In Balance Therapy is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to your protected health information. If you have any questions about this notice, please contact the Privacy Officer of Body In Balance Therapy.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that Body In Balance Therapy may use and disclose information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use of disclosure in a category is listed.

#### **For Treatment**

Body In Balance Therapy may use protected health information about you to provide you with medical treatment or services. Body In Balance Therapy may also share protected health information about you to your other health care providers to assist them in treating you. For example: Body In Balance Therapy may refer you to other medical professionals based on observations and treatment. The protected health information shared with other medical professionals would be considered treatment related disclosure.

#### **For Payment**

Body In Balance Therapy may use and disclose protected health information about you so that the treatment and services you receive from Body In Balance Therapy may be billed and payment may be collected from you, an insurance company, or third party. For Example: Body In Balance Therapy may need to send your protected health information such as your name, address, and office visit date, codes identifying your diagnosis and treatment, and SOAP notes to your insurance company for payment.

#### **Health Care Operations**

Body In Balance Therapy may use and disclose your protected health information for health care operations. For example, Body In Balance Therapy may use information in your health record to assess the care and outcome in your case and others like it. The results will then be used to support ongoing efforts to improve Body In Balance Therapy's quality of care.

### **USE AND DISCLOSURES THAT CAN BE MADE WITHOUT YOUR AUTHORIZATION**

The Privacy Rule either permits or requires me to use or disclose your protected health information without your consent or authorization under the following circumstances:

- Appointment reminders or information regarding treatment alternatives or other health-related benefits and services that may be of interest to you. Body In Balance Therapy may use and disclose your personal health information to contact you either verbally, leaving a message on your answering machine/voicemail, email or phone text
- A group health plan, or a health insurance issuer or HMO Sponsor with respect to a group health plan
- For law enforcement purposes as required by law e.g. court order, warrants, subpoenas and administrative requests; identification and location purposes to assist in criminal investigations
- When unable to obtain your consent because you are unconscious or otherwise incapacitated and reasonably inferred that you would have consented without these barriers to communication
- Public Health Activities – 1). To report health information to public health authorities for the purposes of preventing or controlling disease, injury, or disability, as required by law and health concerns 2). When required by U.S. Food and Drug Administration 3). To alert a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading disease or condition 4). To report information to your employer as required by law (e.g. work related illness or injury)
- To release information to a friend or family member who is involved with your medical care or helps pay for your care
- Health Oversight Activities (e.g. audits, inspections, government benefits program)
- To prevent or lessen a serious threat to a person's or public's health or safety
- For essential government functions (e.g. medical determinations for U.S. State Department of employees, determining eligibility for enrollment in certain government programs)
- To comply with New York State Workers Compensation Statute
- To report suspected abuse or neglect
- To a medical examiner as authorized by law
- To organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation

## **USE AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

Any use or disclosure of protected health information that is not for treatment, payment, or healthcare operations or otherwise permitted or required by the Privacy Rule will be made only with your written authorization. Written authorization shall include at a minimum: information to be disclosed, person(s) disclosing and receiving the information, expiration, and the right to revoke. If given authorization to use or disclose private health information about you, you make revoke that authorization in writing at any time.

## **MINIMUM NECESSARY**

Efforts will be made to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. The minimum requirement will not be imposed in certain circumstances such as 1). Request by a health care provider for treatment 2). Disclosure to an individual who is the subject of the information or the individual's personal representative 3). Disclosure made pursuant to an authorization 4). Disclosure to the Department of Health & Human Services for complaint investigation, compliance review and enforcement 5). As required by law 6). For compliance with the HIPAA Transactions Rules or other HIPAA Administrative Simplification Rules.

## **YOUR INDIVIDUAL RIGHTS**

### **Complaints**

If you are concerned that your privacy rights have been violated, or disagree with a decision that has been made about your private health information, you may contact the Privacy Officer of Body In Balance Therapy.

You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Body In Balance Therapy will not retaliate against you if you file a complaint.

### **Right to Request Additional Restrictions**

You have the right to request a restriction or limitation on the private health information that is used or disclosed about you. While all requests for restrictions are considered carefully, Body In Balance Therapy is not required to agree to your request. If in agreement, compliance to your request will be granted unless the information is needed to provide you with emergency treatment. To request restriction you must submit your request in writing to the Privacy Officer of Body In Balance Therapy. In your request you must indicate what information you want to limit and/or to whom.

### **Right to Request Confidential Communications**

You have the right to request how we contact you and how and where we send communication about your protected health information. To request confidential communications, you must make your request in writing to the Privacy Officer of Body In Balance Therapy. You will not be asked for the reason for your request. Body In Balance Therapy reserves the right to deny a request if it imposes an unreasonable burden on this practice.

### **Right to Inspect and Copy**

You have the right to review and obtain a copy of your protected health information except psychotherapy notes, information compiled for legal proceedings, and protected health information to which access is prohibited by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer in this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. Body In Balance Therapy may deny your request to review and copy your personal health information in certain situations. If you are denied access to personal health information, you may request that the denial be reviewed by a licensed health care professional for a second opinion.

### **Right to Amend**

If you feel that your personal health information is incorrect or incomplete, you may request to have the information amended. To request an amendment, your request must be made in writing, including the reason that supports your request, and submitted to the Privacy Officer of Body In Balance Therapy. Body In Balance Therapy may deny your request if it is believed that the information you are requesting to be amended is accurate and complete. If your request for an amendment is denied, you will be notified of the reason for the denial to which you have the right to file a statement of disagreement. If you file a statement of disagreement, Body In Balance Therapy may prepare a rebuttal and provide you a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized request for information pertaining to the appropriate portion of your record.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures. This is a list of disclosures made of your personal health information for purposes other than treatment, payment, or health care operations. To request this list, you must submit your request to the Privacy Officer. Requests must state the time period for which you want to receive a list of disclosures that is no longer than six years.

### **Right to Review and Obtain a Copy of This Notice**

You have the right to review and obtain a copy of this Notice at any time. To obtain a paper copy of this Notice, please request one in writing from the Privacy Officer of Body In Balance Therapy.

**Changes to This Notice**

Body In Balance Therapy reserves the right to change this Notice at any time. Body In Balance Therapy reserves the right to make the revised or changed Notice effective for personal health information created or received prior to issuing the new notice. A copy of the new Notice will be posted at the location of the practice. You may also obtain a new Notice by contacting the Privacy Officer of Body In Balance Therapy.

**PRIVACY OFFICER:** Rebecca Boire-West  
518-578-2369