

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

Uses and Disclosures

Here are some examples of how we might have to use or disclose your health care information:

- 1) Your therapist may have to disclose your health information to a health care provider or a hospital if it is necessary to refer you to them for diagnosis, assessment, or treatment of your health condition.
- 2) Our billing staff will provide you with a statement of your account if needed for your insurance carrier; the client is responsible to pay for all services.
- 3) Your therapist and members of the staff may need to use your health information, treatment records and your billing records for quality control purposes or for other administrative purposes to efficiently and effectively run our company.

Your right to revoke your authorization

You may revoke your authorization to us at any time; however, your revocation must be in writing.

Your right to receive confidential communication regarding your health information

We normally provide information about your treatment to you in person at the time you receive services. We will do our best to accommodate any reasonable request if you would like to receive information about your treatment or the services that we provide. To help us respond to your needs, please make any request in writing.

Your right to inspect and copy your health information

You have the right to inspect and/or copy your information for seven years from the date that the record was created or as long as the information remains in our files. We require your request to inspect and/or copy your health information to be in writing.

Your right to receive an accounting of the disclosures we have made of your records

You have the right to request that we give you an accounting of the disclosures we have made of your health information for the last six years before the date of your request.

Your right to obtain a paper copy of this notice

If you have agreed to receive privacy notices by e-mail, you may request a paper copy of this notice at any time.



MASSAGE & BODYWORK

In Touch
Well-Being

480 Washington Street, Suite 5 • Norwood, Massachusetts 02062 • (781) 769-2710 • www.intouchwellbeing.com

Your right to amend your health information

You have the right to request that we amend your information for seven years from the date that the record was created or as long as the information remains in our files. We require your request to amend your records to be in writing with a reason to support the change you are requesting us to make.

Our duties

We are required by law to maintain the privacy of your health information. We are also required to provide you with this notice of our legal duties and our privacy practices with respect to your information.

We must abide by the terms of this notice while it is in effect. However, we reserve the right to change the terms of our privacy notices. If we make a change to the terms of our privacy agreement we will notify you in writing when you come in for treatment or by mail. If we make a change in our privacy terms the change will apply for all of your health information in our files.

Your right to complain

You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written comments should be addressed to **Karen Thompson** at our office address shown at the top of this page.

To contact us

If you would like further information about our privacy policies and practices, please contact **Karen Thompson** at our office address or by phone at **(781) 769-2710**.

This notice is effective as December 1, 2005 or the date of your signed acknowledgement of receipt of this notice. This notice will expire seven years after the date upon which the record was created.

Client Initials _____



MASSAGE & BODYWORK

In Touch
Well-Being

480 Washington Street, Suite 5 • Norwood, Massachusetts 02062 • (781) 769-2710 • www.intouchwellbeing.com