

# The Center For **BODIES IN BALANCE**

## **HIPAA – NOTICE OF PRIVACY PRACTICES**

We are required by federal law to provide you with a "Notice of Privacy Practices". This notice describes how health information that we maintain about you may be used or disclosed. It provides a description of your rights and our obligation under federal and state privacy laws.

The Federal Government has passed a law—the Health Information Portability and Accountability Act (HIPAA). The law formally protects your Protected Health Information (PHI), which includes your demographics (address, phone number, etc.) and all your health information.

Under the law you have the specific rights—subject to certain exceptions and limitations:

1. To receive a copy of this "Notice of Privacy Practices".
2. To review your medical records with your Provider and to request an amendment of the health information in your file, if you believe it is inaccurate. If your request to amend your health information is denied, you may submit a written statement to The Center for Bodies in Balance disagreeing with the denial which we will keep on file and distribute with all future disclosures of the information to which it relates.
3. To an accounting of certain disclosures made by this office of your PHI made during the 6 year period preceding the date of your request. Exceptions include disclosures regarding treatment, disclosures made to you as a patient, payment, or health care operations purposes, disclosures to your family or close friends involved with your care, or for notification purposes.
4. To examine and copy your protected health information. To arrange access to your records or to receive a copy of your records a written request should be submitted to our privacy officer or to the medical records office.
5. To request restrictions, other than regarding emergency circumstances, on the allowable uses and disclosures of your PHI. Such restrictions may include prohibitions on disclosure of certain types of PHI or certain persons you do not wish to have access to your PHI. The Center for Bodies in Balance is not required to agree with these restrictions. To request a restriction, submit a written request to our privacy officer.

### **The Center for Bodies in Balance:**

May use your PHI, without separate consent or authorization from you for treatment, payment or facility operations in connection with services rendered by us, to you. For example, we may provide your past medical history to a provider you have been to or we may provide your personal health insurance information to your insurance plan or to support our request for reimbursement. We may also, with your consent, disclose your PHI to family members and close friends involved with your care.

—OVER—

# The Center For **BODIES IN BALANCE**

May be required to disclose your PHI, without your consent or authorization, if required by law. For example, the law requires that certain PHI be disclosed in connection with protection of the public health, for governmental health oversight activities, in response to a valid subpoena or other judicial process, in response to certain law enforcement inquiries, or to lessen a serious and imminent threat to the health or safety of a person or the public.

Uses and disclosures other than those specifically referenced above or otherwise allowed by law, will be made only with your written authorization, in writing, at any time.

It is our policy to contact patients by phone or provide appointment reminders, information on appointment changes (including the need to cancel due to illness or emergency), or appointment availability from cancellation list. A message may be left on your answering machine, cell phone or on your work voice mail (if you give us your work number). We have included a section on Communication Preferences on our intake forms. If you do not want us to leave a message on a particular phone number you have provided, please let us know.

## **CHANGES TO THE NOTICE:**

This practice may change the terms of this written notice and may make the new notice provisions effective for all protected health information that we maintain. If we do so, we will provide you with a copy of the revised notice upon request, and we will post the notice with the effective date, in a visible location in this office. This notice may at some point in time also be posted on our website.

## **COMPLAINTS:**

If you believe your privacy rights have been violated you may complain to us and to the Secretary of the United States Department of Health and Human Services. If you have any questions about this, or wish to file a complaint with this office, please file a written complaint with our designated privacy officer. You will not be retaliated against in any way for the filing of a complaint.

Designated Contacts:  
The Center for Bodies in Balance, LLC  
1 Greenleaf Woods Drive, Suite 101  
Portsmouth, NH 03801  
P: 603/319-8334 F: 603/431-2940

Signature: \_\_\_\_\_

Date: \_\_\_\_\_