

Omshen Holistic Clinic Notice of Privacy Practices "Please review it carefully"

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) -HIPAA is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Our Pledge Regarding Your Medical Information - We respect our legal obligation to keep health information that identifies you private. As obligated by law, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use it and disclose your health information. We do not use your health information in our office or disclose it outside of our office without your written permission. In some limited situation, the law requires us to disclose your health information without either a written or verbal consent.

Use and Disclosure with Consent -We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment and healthcare operations in this office. Treatment can be stopped with refusal to sign the form.

We are permitted to use and disclose your healthcare records for the purpose of treatment, payment and healthcare operations.

- Treatment means providing coordination, or managing healthcare related services by one or more healthcare providers.
- Payment means activities as obtaining reimbursement for .services, verifying coverage, billing or collection activities and utilization review. Example, we disclose treatment information when billing a medical plan for your therapy services.
- Healthcare operations include the business aspects of running our practice. Example, patient quality assessment.

Unless you request otherwise, we may use or disclose health information to a family member or other personal representative to the extent necessary to help with your healthcare or with payment for your health care. In addition, we may use your confidential information to remind you of you appointments by leaving messages at home and / or work. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Use and Disclosure Without Consent - In some limited situations, the law requires us to use and disclose your health information without your permission. These examples may never come up at our office at all, but such disclosures are:

- When a state or federal law mandates tat certain health information be reported for a specific purpose.
- For public health purposes, such as contagious disease reporting and notices to and from the FDA regarding drugs and medical devices.
- Disclosure to government authorities about victims or suspected abuse, neglect of domestic violence.
- Uses and disclosures for health oversight activities, such as for the audits by Medicare, or for investigation of possible violations of health care laws.
- Disclosures in response to subpoenas or orders of the court.
- Disclosures for law enforcement purposes, such as to provide information about someone who is suspected to be a victim of a crime, or to provide information about a crime at our office.
- Disclosure related to worker's compensation programs.

Your Rights Regarding Your Health Information You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to the disclosure of family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to ask to communicate to you in a confidential way, such as by phoning you at work rather than at home or by mailing health information to a different address. Please provide a written request. The right to see or to get photocopies of your health information. You may have to pay for photocopies in advance. We do charge a fee to release your records to an outside source other than a healthcare provider (examples are lawyers, health care research firm, etc). Please complete our written records request for billing or medical records release.
- The right to receive an accounting of disclosure of protected health information.
- The right to amend your protected health information
- The right to obtain a paper copy of this notice from us upon request.

This notice is effective March 17,2003 in compliance with the terms of Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain.

You have the right to file a formal, written complaint with us at the address Department of Health and Human Service, Office of Civil Rights, 200 Independence Ave. SW Washington D.C. 20201. 877-696-6775 (Toll free) in the event you feel that your privacy rights have been violated.

This Notice has been issued and considered effective date signed. This copy shall be retained for a minimum of 6 years.
Omshen Holistic Clinic, 1439 NW 62nd A Seattle, WA 98107 Office 206-618-6230

Signature of Client or Legal Representative

Date