

NOTICE OF PRIVACY PRACTICES

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

I respect your privacy and understand that your personal health information is very sensitive. I also respect my legal obligation to keep health information that identifies you as private. I'm obligated by law to give you notice of my privacy practices. This Notice describes how such information is protected and your rights regarding it.

Federal and state law allows me to use and disclose your protected health information for purposes of treatment and health care operations. State law requires me to get your authorization to disclose this information for payment purposes, which you do by signing this form.

Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, & Health Operations:

For Treatment:

- Information obtained by Healing Grounds Massage will be recorded in your medical record and used to manage your care;
- I may also provide information to others providing you care. This will help them stay informed of your care;

For Health Care Operations:

- I may use your medical records to assess quality and improve services;
- I may use and disclose your information to conduct or arrange for services, including: medical quality review by your health plan; accounting, legal, risk management, and insurance services; audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records I create and store are the property of Healing Grounds Massage and Mark Quintana, LMT. The protected health information in it, however, generally belongs to you.

You have the right to:

- Receive, read and ask questions about this Notice;
- Ask me to restrict certain uses and disclosures. You must deliver this request in writing to me. I am not required to agree to do this, but if I agree, I must honor the restrictions you want;
- Request and receive a copy of the most current Notice of Privacy Policy;
- Ask to see or get photocopies of your health information. A request must be made in writing. You need to allow up to 30 days for me to process your request and may have to pay for photocopies in advance;
- Ask me to amend your health information if you think that it is incorrect or incomplete. You may give me this request in writing, and if I agree, I will amend the information within 60 days of request. You may write a statement of disagreement if your request is denied, to be stored in your medical record, and included in any release of your record;
- Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released.

I may use and disclose your protected health information without your authorization as follows:

- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products;
- For Public Health and Safety Purposes as Allowed or Required by Law:
 - *to protect public health and safety;
 - *to prevent or control disease, injury, or disability.
- To report suspected abuse or neglect to public authorities;

