

# HIPAA Privacy Rights

## Your Health Information Rights

\_ You have the right to request restrictions on certain uses and disclosures of your health information. If services are paid in full by cash you may restrict that information to any insurer for purposes other than for treatment.

\_ You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

\_ You have a right to request that we amend your protected health information. Please be advised, however, that we may not be required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

\_ You have a right to receive an accounting of disclosures of your protected health information made by Colleen Shea Massage. You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

\_ Please note that this office submits insurance claims via electronic media and fax machine. If you are not comfortable with this, please notify us and we will use alternate methods. Changes to this Notice of Privacy Practices

This office reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice.

## Complaints

Complaints about your privacy rights, or how Colleen Shea Massage has handled your health information should be directed to Colleen Shea by calling this office at (415) 577-5787. If Colleen Shea is not available, you

may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

FOR ADDITIONAL INFORMATION ABOUT YOUR PRIVACY, PLEASE VISIT:

[www.hcfa.gov/medicaid/hipaa](http://www.hcfa.gov/medicaid/hipaa)

Colleen Shea Massage

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW your MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Colleen Shea Massage is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of your Health Care Information Communication

We may communicate the following information through one or more of these methods:

- In person

By phone

- By Fax

- By US mail

- By Email

**Treatment** We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. "It is our policy to provide a substitute health care provider, authorized by Colleen Shea Massage, to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation." **Payment** We may disclose your health information to your insurance provider for the purpose of payment or health care operations. If payment is not made as arranged, our office may utilize an outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file containing protected health care information. **Workers' Compensation** If applicable, we may disclose your health information as necessary to comply with state Workers' Compensation Laws.

**Emergencies** We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

**Public Health** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes. **Deceased Persons.** We may disclose your health information to coroners or medical examiners **Organ**

Donation & Research Though highly unlikely or probable we must inform you that there may a need to release your health information to organizations involved in procuring, banking or transplanting organs and tissues, or to researchers conducting research that has been approved by an Institutional Review Board. Public Safety.It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.Specialized Government Agencies.We may disclose your health information for military, national security, prisoner and government benefits purposes.Marketing & Other Communication We may contact you for marketing purposes or fundraising purposes, as described below: (example) “As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No protected health information will be disclosed during this call other than the date and time of your scheduled appointment and a request to call our office if you need to cancel or reschedule your appointment.” Please sign and date below to agree that you have read and understand your rights:

Your signature\_\_\_\_\_

Date Signed\_\_\_\_\_