

Notice of Privacy Practices Short Form

Our practice is committed to educating our patients about healthcare issues that affect them. As a result, we are providing you with general information about the Privacy Rules, a federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

What is HIPAA and how does the privacy rule affect you?

When the Health Insurance Portability and Accountability Act (HIPAA) was passed in August of 1996 this gave the federal government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice and we are required by law to be compliant with this regulation on April 14, 2003. Under the Privacy Rule you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

What is individually identifiable health information (IIHI)?

Any health information you provide, including your mailing address, information that is created and retained by our practice or received by another healthcare provider that relates to treatment, payment and/or that identifies you as an individual.

The following categories best describe the different ways in which we may use and disclose your IIHI:

Treatment, Appointment Reminders Release of Information to Family/Friends Payment, Treatment Options Disclosures Requires by Law Healthcare Operations, Health Related Benefits and Services

The following categories describe unique situations in which we may use or disclose your IIHI:

Public Risks Health Oversight Activities Lawsuits, Law Enforcement Serious Health Threats/Safety Research

You may request to view our full Notice of Privacy at anytime.

I understand that Ohmbodywork Massage Therapy is a health care provider and that it will use or disclose my health information for treatment, billing, and healthcare operation. I understand that I have the right to request restriction on uses and disclosures of my health information for treatment, payment and health care operations purposes.

I have received, read, and understand this privacy policy as it relates to receiving massage therapy from Ohmbodywork Massage Therapy.

Signature _____ Date _____