

Purpose Notice of Information Practices

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

Babette Maiss, CMT, CLT, CMF is required by law to maintain the privacy of Protected Health Information (PHI), to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI.

Babette Maiss, CMT, CLT, CMF believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information.

Babette Maiss, CMT, CLT, CMF maintains the right to update our Privacy Notice. Your personal health information will always be maintained by our current policies designated in our current Privacy Notice and we must follow the privacy practices described in this Notice. At Last... retains the right to change its privacy practices described in this Notice at any time. A current copy of our Privacy Notice is prominently displayed in our office. If you have any comments or questions about our Privacy Notice you may call Babette Maiss, CMT, CLT, CMF

Privacy Policy

The following describes the manner in which I will use and disclose your personal health information. Except for the purposes listed below, I will use and disclose your health information only with your written permission. You may revoke permission at any time by writing to the owner (Privacy Officer). I also will not disclose your PHI for marketing purposes, nor will I make any disclosures that constitute a sale of your PHI. I will disclose health information when required to do so by federal, state or local law.

Services: I may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services I am providing. Examples include diagnosis, prescription, referral and physician or health care provider information.

Payment: I may share appropriate information about you to bill and collect payment for the health care I provide, including insurance companies and third parties, which includes family members or other financially responsible parties of which you have informed me. Examples include insurance coverage and eligibility verification. I may also release appropriate information about you to family or friends that are helping you with financial responsibilities incurred while receiving equipment, supplies or services from me.

Business operations: I may use and disclose information to monitor and operate my business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal, state or local authority (as required by law), or to remind you of equipment, supplies or service needs.

Legal requirements: I may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and me needing to testify about the care and services I have provided.

Workers' Compensation: I may release health information for workers' compensation or similar programs.

Business Associates: I may disclose Health Information to my business associates that perform functions on my behalf or provide me with services if the information is necessary for such functions or services. For example, I may use another company to perform billing services on my behalf. All of my business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Public health: I may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury or disability.

Data breach notification: I may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

Your Rights

Inspect and copy: You have a right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this health information, you must make your request, in writing, to the owner (Privacy Officer). I have up to 30 days to make your protected health information available to you and I may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. I may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. I may deny your request in certain limited circumstances. If I do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and I will comply with the outcome of the review.

Electronic Copy of Electronic Medical Records: If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. I will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either my standard electronic format or if you do not want this form or format, a readable hard copy form. I may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Breach notification: You have the right to be notified upon a breach of any of your unsecured PHI.

Amendments: If you feel that Babette Maiss, CMT,CLT,CMF has incorrect or incomplete information, you may ask me to amend the information. You have the right to request an amendment for as long as the information is kept by or for my office. To request an amendment, you must make your request, in writing, to the owner (Privacy Officer)

Accounting of disclosures: You have the right to request a list of certain disclosures I made of health information for purposes other than services, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the owner (Privacy Officer).

Restrictions: You have the right to request a restriction or limitation on the health information I use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information I disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the owner (Privacy Officer). I am not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid me "out-of-pocket" in full. If I agree, I will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and I will honor that request.

Confidential Communications: You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your

request, in writing, to this office. Your request must specify how or where you wish to be contacted. I will accommodate reasonable requests.

Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with my office or with the Secretary of the Department of Health and Human Services. To file a complaint with my office, contact Babette Maiss, CMT, CLT, CMF. All complaints must be made in writing. You will not be penalized for filing a complaint.

I acknowledge receipt of this Notice of Information Practices

Patient Signature (or Patient Representative) _____

Date _____