



## **PRIVACY POLICY: body + breath**

body + breath is dedicated to providing top-quality service and protecting your privacy. I have implemented procedures to safeguard your Protected Health Information (PHI) included in your files. All client files are kept on a HIPAA-compliant system through SOAP Vault. This notice describes how your PHI may be used and disclosed and how you can get access to this information. Please review carefully. For a summary of the HIPAA Privacy Rule, please see this document by the US Dept of Health and Human Services: <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

### **Your Personal and Protected Health Information**

I may gather personal and health information from you, other healthcare providers and third-party payers. This information is used for treatment, payment and healthcare operations. The following describes the ways I am legally allowed to use and disclose your PHI:

- I may provide PHI about you to healthcare providers, other practice personnel, or third parties who are involved in the provision, management or coordination of your treatment care.
- I may disclose your PHI to any third party you designate in writing.
- I may use or disclose your PHI so that we can collect or make payment for the healthcare services you receive or are going to receive.
- I may disclose your PHI if I ever sell or transfer my practice.
- I may disclose your PHI if I believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- I may disclose your PHI to a government agency if I believe you have been a victim of abuse, neglect or domestic violence. I will make this disclosure if it is necessary to prevent serious harm to you or other potential victims, you are unable to agree due to your incapacity, you agree to the disclosure, or required by law.
- I may disclose your PHI to a health oversight agency for activities authorized by law.
- I may disclose your PHI as required by a court or administrative order, or under certain circumstances in response to a subpoena, discovery request or other legal process.
- I may release your PHI as necessary to comply with laws relating to Workers' Compensation or similar programs that are established by the law to provide benefits for work-related injuries or illness without regard to fault.
- I may disclose your PHI to a HIPAA-certified Business Associate (a person or organization that performs a function or activity on behalf of the practice that involves the use or disclosure of PHI, such as a billing services company or another practitioner who is involved in your health care).

- Your PHI may be disclosed for military and veterans affairs, for national security and intelligence activities, or for correctional activities.
- I may use or disclose your PHI when required by law.
- I may use your name, address, phone number, email, and your records to contact you with appointment reminder calls, mailed cards, information about alternative therapies, or other related information that may be of interest to you. If I reach out via phone and you do not answer, I will leave a voicemail. Emails will be sent via an encrypted server but encryption post transmission cannot be guaranteed since not all services are HIPAA compliant. If you have a preference on how you are contacted, please let me know in writing.

**Please note your rights regarding this information:**

1. You are entitled to inspect and receive copies of your records.
2. You are entitled to make a written request to amend your PHI files or put restrictions on certain uses and disclosure of PHI.
3. I accommodate any reasonable request, yet I retain the right to deny inclusion of amendments or use restrictions of your PHI.
4. You have the right to disagree with the practitioner's refusal of inclusion.
5. You have a right to receive all notices in writing.
6. You have the right to request that I do not disclose your information to specific individuals, companies, or organizations. Any restrictions should be requested in writing. I am not required to honor these requests. If I agree with your restrictions, the restriction is binding on me.
7. You may complain to me or the Secretary for Health and Human Services if you feel that I have violated your privacy rights. There will be no retaliation for filing a complaint. Written comments should be addressed to me at address below, or the Secretary for Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg. Washington, DC 20201.

**Original Effective Date: June 25, 2019**

**Updated: January 24, 2024**

***This notice remains in effect until it is replaced or amended by changes in the law.***