

METAMORPHIC MASSAGE

Notice of privacy practices

Effective July 1, 2003

Under federal HIPAA law, health care providers are required to protect the privacy of your PHI, “protected health information”, which includes your name, contact information and health information and other information shared during a visit.

Confidentiality statements

The confidential forms that you complete will be dated and kept for a minimum of 6 years. After that they will be disposed of by being shredded or burned.

They will be kept in a locked place and protected from fire, flood and theft.

Disclosure

Metamorphic Massage uses and discloses your PHI in the following ways, connected to your treatment and payment for your care. No further authorization is required on your part.

- To communicate with you (in writing or by phone) - Appointment reminders, information that is deemed of interest to you (such as occasional newsletters), etc.
- To bill your insurance company, or you, for services provided.
- To communicate with physicians, PTs, Chiropractors and other health care providers who are directly involved with your health care.
- To communicate with your attorney, if directly involved in your health care. (The attorney must agree to protect your privacy.)
- If it is *required by law* – such as in abuse or neglect cases, military activity, legal proceedings in response to an order of a court or law enforcement.

Client Rights:

In writing you may-

- Request restrictions on the way your PHI is disclosed (though honored, Metamorphic Massage is not required to agree to your request)
- Request a copy of your PHI
- Ask that your PHI be amended
- Seek an accounting of certain disclosures- by asking for a list of the times your PHI has been disclosed (there may be a fee for time spent to respond to requests).

Federal regulations require that you be asked to acknowledge receiving this notice.

I have received the Notice of Privacy Practices of Metamorphic Massage.

Signature

Date

