



Notice of Patient Information Practices

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

Evergreen Massage Therapy LEGAL DUTY

Evergreen Massage Therapy is required by law to protect the privacy of your personal health information, provide this notice about our information practices. and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Evergreen Massage Therapy uses personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we proved. For example, Evergreen Massage Therapy may use your personal health information to contact you 10 provide appointment reminders, or information about treatment or other health related benefits that could be of interest to you.

Evergreen Massage Therapy may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. We may provide de-identified information for research studies. We also provide information when required by law.

In any other situation, Evergreen Massage Therapy policy is to obtain your written authorization before disclosing your personal health information. If you provided us with a written authorization to release your information for any reason, you may later revoke [hat authorization to stop future disclosures at any time.

Evergreen Massage Therapy may change it's policy at any time. When changes are made, a new Notice of Information Practices will be posted in a common area of our office. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment, any administrative purposes except when specifically authorized by you, when required by law, or in an emergency circumstance. Evergreen Massage Therapy will consider all such requests on a case-by-case basis, but the Company is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Evergreen Massage Therapy may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact HIPPA Compliance Office at the address listed below. You may also send a written complaint to the US Department of Health and Human Services.

www.hhs.gov/ocr/hipaal

Or by calling

1-866-B27-7748; the phone call is free.

For further information on Evergreen Massage Therapy health information practices, or if you have a complaint, please contact our office.

Evergreen Massage Therapy
1048 W. James ST., Suite #104, Kent, WA 98032
253-850-2800

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_