

## NOTICE OF PRIVACY 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.

**TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:** The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up appointments for you, referring you to another specialist or physician for further care; faxing information to durable medical providers to assist you in obtaining equipment; obtaining information from other providers that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health plan/payment sources; preparing and sending bills or claims and collecting unpaid amounts. *Health care operations* mean those administrative and managerial functions that we have to do in order to run the office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; defense of legal matters or personnel decisions.

We routinely use your health information inside the office for these purposes without special permission. If your health information is disclosed outside this office we will usually ask for your written permission.

**USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION:** In some limited situations the law allows or requires us to use or disclose your health information without your permission. Such situations may include:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes such as contagious disease reporting or investigation or surveillance
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities such as for the licensing of therapists, audits by Medicare/Medicaid or for investigation of violation of health care laws;
- Disclosures for judicial and administrative proceedings such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office or to report a crime that happened somewhere else;
- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes or for the evaluation and health of members of the foreign service;
- Disclosures of de-identified information;
- Disclosures relating to worker's compensation programs;
- Disclosures of a limited data set for research, public health, or health care operations;
- Disclosures to business associates who perform health care operation for us and who commit to respect the privacy of your health information.

**UNLESS YOU OBJECT,** we will also share relevant information about your care with family or caregivers who are assisting with your care.

## NOTICE OF PRIVACY PRACTICES Continued

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**OTHER USES AND DISCLOSURES:** We will not make any other uses or disclosures of your health information unless you sign a written *authorization form*. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office named at the beginning of this notice.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:** The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatments), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you request. To ask for a restriction, send a written request to the office contact by mail, fax or email.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communication, send a written request to the office, fax or email.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from the date changes were requested. We will send the corrected information to persons who we know received the incorrect information, and others that you specify. If we do not agree, you can write a statement of your position and it will be included with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information we will send it along whenever we make a permitted disclosure of your health information. By law, we can only have one 30 day extension. If you want to ask us to amend your health information send a written request including your reasons for the amendment to the office contact person.
- Get a list of the disclosures that we have made of your health information within the past 6 years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization, incidental disclosures; disclosures required by law and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. If you would like a list send a written request, fax or email to the office contact person.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies send a written request, fax or email to the office contact person.

**OUR NOTICE OF PRIVACY PRACTICES:** By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices we will have copies available at your next session.

**COMPLAINTS:** If you think we have not properly respected the privacy of your health information, you are free to complain to us or the US Department of Health and Human Services Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us send a written complaint by mail, fax or email to the office contact person. If you prefer, you can discuss your complaint in person or by phone.

**FOR MORE INFORMATION:** If you want more information about our privacy practices call or visit the office contact person at your next visit or by phone: 206-782-5555 or email: [jennifer@wavetherapies.com](mailto:jennifer@wavetherapies.com).