

## Summary of Notice of Privacy

### **Privacy and Confidentiality of Your Protected Health Information:**

It is understood that medical information about you is personal. A commitment is made in protecting medical information about you. Records of care and services you receive are created in order to provide quality care and to comply with certain legal requirements. The information will be provided to other persons and organizations as needed to provide you with quality health care. When information is disclosed to outside organizations for reasons that are not related to treatment (e.g. payment), a limit what is sent is the minimum necessary, but the everything that might be needed to provide you with the best possible care.

- **As Required by Law** – Information may be disclosed to Federal, State and/or Local Law Enforcement, or other government agencies when required to do so by law.
- **To Avert a Serious Threat to Health or Safety** – Information may be disclosed to prevent or lessen a serious threat to your health and safety, the health and safety of others, or the safety of the public in general.
- **Special Situations** – Information may be disclosed in special situations such as: if you have agreed to be an organ donor; for public health activities; to a health oversight agency; to coroners, medical examiners, or funeral directors, or to federal officials for national security, intelligence, and protective services for the President or other government officials.
- **Sensitive Health Information** – Under certain circumstances it is required or permitted to disclose sensitive health information, such as HIV infection or substance abuse treatment. All such disclosures are made in accordance with applicable laws and regulations.

### **Your Individual Rights with Respect to Your Protected Health Info:**

The right to inspect and copy your records; the right to request amendments to your records; the right to an accounting of disclosures of your records; the right to request confidential communications; the right to request additional restrictions on the use and disclosure of your medical records; the right to file a complaint if you believe your privacy has been violated.

### **Acknowledgement of Receipt of the Privacy Notice –**

I acknowledge that *I have been provided* with a copy of the notice of privacy practices for massage.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_