



Healing in Motion

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Notice of Privacy Practices

To my patients:

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to this information.

Please review it carefully

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. As required by HIPAA, Healing in Motion has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We use or disclose personal health information when we are required to do so by law. We use and disclose health information about you for treatment, payment and healthcare operations. **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include discussing your physical examination with your physician. **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment. **Healthcare Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functional, cost management analysis and customer service. An example would be evaluating provider performance for improved quality of care. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. Please advise us in writing if there are certain restrictions to how you want to be contacted and how messages should be left. An example would be calling or emailing you to confirm an appointment. Any other uses as disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request by faxing a request to 408-378-2438. The right to request restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close person friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do not agree to a restriction, we must abide by it unless you agree in writing to remove it. You have the right to reasonable requests to receive confidential communication of protected health information from us by alternative means or at alternative locations. You have the right to inspect and copy your protected health information. You have the right to amend your protected health information. You have the right to receive an accounting of disclosures of protected health information. You have the right to obtain a paper copy of this notice from us upon request. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to health information. This notice is effective as of October 1, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office. You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. In conclusion, please understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) you have certain rights to privacy regarding your protected health information. Understand that this information can and will be used to conduct, plan and direct your treatment and follow-up among multiple healthcare providers who may be involved in your treatment directly or indirectly, to obtain Payment from your insurance company and any third-party payer, and to conduct normal healthcare operations such as quality assessments and physician certifications. Please understand that this organization has the right to change its Notice of Privacy Practices from time to time and that you may contact this practice at any time at the address below to obtain a current copy of the Notice of Privacy Practices. Please understand that you may request in writing restrictions on how your private information is used or disclosed to carry out treatment, payment or health care operations. Also understand Healing in Motion is not required to agree to your personal restrictions, but if Healing in Motion does agree than we are bound to abide by such restrictions. Please understand that you may revoke this consent in writing at any time, except to the extent that Healing in Motion has taken action relying on this consent.

Signature of Patient _____ Date _____