

## **Notice of Privacy Practices - as of 2015**

### **Susanna Smart RN, MSN, HNB-BC, Bodywork Practitioner**

Your privacy is important to me, both ethically, spiritually, and professionally. Your experience in sessions is private. In addition, the Health Insurance Portability and Accountability Act (HIPAA) protects your personal, private health information, including demographic information. This Notice of Privacy Practices describes how I may and may not use your information. It also describes your right to access your protected health information.

#### **Uses and Disclosures of Protected Health Information**

Your protected information may be used and disclosed to allow me to contact you outside of sessions for various purposes. For example, such as offering a birthday month discount. The following are examples of the types of uses and disclosures of your protected information that I may make, given your written consent. These examples are not meant to be exhaustive.

- Sharing contact information with Centerpeace staff in order that they can contact you about classes or services
- Contacting you by email or leaving a message with a family member at a phone number you give me
- Upon a written request from you, conferring with your doctor or therapist
- Calling you by name in the waiting room or acknowledging to others that you are a client. This limited information does not include personal experiences in sessions, unless offered by you.
- In case of an emergency, contacting and informing your emergency contact or health care providers information needed to secure your wellbeing. I would use professional judgment to limit disclosure to what would be relevant to serve your best interest.

For legal reasons in certain situations, I may be required to disclose your information without your consent. These examples are not meant to be exhaustive, but to describe possible situations:

- If you or someone else is at imminent risk for harm, as required by law, relevant information will be provided to promote safety.
- In the event of a communicable disease and if authorized by law, I may disclose information to a person who may have been exposed or may otherwise be at risk of the condition.
- Health Oversight: I may be legally required to share information with government or professional boards; for example, government agencies that oversee health care providers.
- Abuse or Neglect: As legally required, I may disclose your information to a public health authority that is authorized by law to receive reports of possible abuse or neglect of a child or other person deemed vulnerable (e.g. elder).
- Legal Proceedings: I may disclose protected health information in the course of any judicial or administrative proceeding, according to a legal order (ie, subpoena).

#### **Your Rights**

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you for as long as I maintain the information. Under federal law, however you may not inspect or copy the following records;; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You have the right to receive an accounting of any disclosures of your protected health information. You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically. You may complain to me or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with me by notifying me of your complaint in writing.

I value the role of confidentiality, trust and privacy in bodywork, and I take care to protect your privacy. Thank you for entrusting me with holding the space for your bodywork experience. Please do not hesitate to talk with me about any questions or concerns related to this notice.