



Notice of Privacy Practices
Effective Date: September 23, 2013

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Our Obligations:

We are required by law to:
Maintain the privacy of protected health information.
Give you this notice of our legal duties and privacy practices regarding health information about you.
Follow the terms of our notice that is currently in effect.

We reserve the right to change the terms of our Notice of Privacy Practices at any time.

How we may use and disclose health care information about you:

For Care or Treatment: Your PHI may be used and disclosed to those who are involved in your care for providing, coordinating, or managing your services. Your authorization is required to disclose PHI to any other care provider not currently involved in your care.
Example: *If a physician referred you to us, we may contact that physician to discuss your care. Likewise, if we refer you to another physician, we may contact that physician to discuss your care or they may contact us.*

For Payment: We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Business Operations. We may disclose PHI while providing you with appointment reminders or leaving messages on your phone or at your home about questions you asked or schedule changes. We may also use and disclose health information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

As Required by Law: We will disclose Health Information when required to do so by international, federal, state or local law.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. Your explicit authorization is required to release psychotherapy notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information.

Your rights regarding your PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about service provided. We have up to 30 days to make your PHI available to you and we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other State of federal needs-based benefit program.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about PHI matters in a specific manner (e.g. telephone, email, postal mail, etc.)

- **Right to a Copy of this Notice.** You have the right to a copy of this notice.
- **Out-of Pocket Payments.** If you paid out-of-pocket in full for a specific service, you have the right to ask that your PHI with respect to that service not be disclosed to a health plan for purposes of payment or health care operations, we will honor that request.

Breaches:

You will be notified immediately if we receive information that there has been a breach involving your PHI.

Complaints:

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at (*Body & Soul Wellness Center and Spa @ 563-556-9642*). If you have questions and would like additional information, you may contact us at www.relaxlivewell.com, 563-556-9642 or 2728 Asbury Rd suite 777, Dubuque, Ia 52001.

Thank you