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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.

We, the above listed individuals/businesses, are personally committed to protecting the privacy of certain confidential health information about you known as Protected Health Information or PHI.

I. We are required by law to:

- A. maintain the privacy of your PHI
- B. provide you with this notice
- C. comply with this notice

II. We reserve the right to change our privacy practices and the terms of this notice at any time and to apply any changes to all medical information we have. If we do so, we will post a new notice to reflect the changes. You may obtain a copy of that notice from the above listed individual/business who treated you.

III. The law requires us to have your authorization for some uses and disclosures of your PHI. In other circumstances, the law allows us to use or disclose PHI without your authorization.

Uses and disclosures that require us to give you the opportunity to object. If anyone calls to ask if you are at the office we will answer that question, unless you object in writing. On the other hand, we will not give out any of your PHI to a family member or friend unless specifically directed to do so, by you, in writing. We will assume, if another person is present with you in the office when you are discussing your PHI with us, that you have given approval for them to hear that information, unless you object at that time.

We may access, use, or share medical information without your authorization:

- A. For Treatment - we may obtain from and give to other health care providers, verbal and written information pertaining to your medical condition and treatment, when this information is necessary to treat you.
- B. For Payment - this includes any activity we must undertake in order to get reimbursed for the services we provide you.
- C. For Health Care Operations - this includes quality assurance activities, licensing, training programs, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not identify you individually, fund-raising, and certain marketing activities.
- D. When required by law.
- E. For Public Health Activities.
- F. For reports about victims of abuse, neglect or domestic violence.
- G. For law enforcement in limited situations such as when there is a warrant or subpoena or when the information is needed to locate a suspect or stop a crime.
- H. To Coroners, Medical Examiners, and Funeral Directors.
- I. To Organ Donation and Disease Registries.
- J. To avert a serious threat to the health and safety of a person or the public at large.
- K. In compliance with Workers' Compensation laws.
- L. For medical research projects subject to strict oversight and approvals and with safeguards to protect your privacy.

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give written authorization, you may revoke that authorization in writing at any time.

IV. You have the following rights related to your Protected Health Information:

- A. The right to request limits on uses and disclosures of your PHI. Any such request must be submitted in writing to the above listed individual/business treating you. We are not required to agree to your request. We will respond in writing to your request.
- B. The right to choose how we communicate with you (specific address, phone number, or manner such as mail, e-mail, not by phone, etc.) You must make any such request in writing.
- C. The right to see and obtain a copy of your PHI. You may be charged a fee for copies and/or postage.
- D. The right to correct or update your PHI. You may ask us to amend your PHI if you believe it is incomplete or incorrect. Any such request must be made in writing. We will not change the original document but will add an amendment. We may deny your request to amend information that: was not created by us; is not part of the PHI we keep about you; or is determined to be accurate and complete. If we deny your request, you may submit a statement of disagreement or complaint to be included in your PHI.
- E. The right to get a list of disclosures we have made after April 14, 2003. This list will not include disclosures we have made for treatment, payment, health care operations or disclosures made to you or designated representatives or family members, for national security purposes, or to law enforcement personnel
- F. The right to get a paper copy of this notice.

V. Complaints. If you believe your privacy rights have been violated, you may contact the person who treated you (see letterhead for address/phone) or file a written complaint with:

Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W. Room 509F, HHH Bldg. Washington,
DC 20201

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this document, I acknowledge that ***I*** have received a copy of this Notice of Privacy Practices.

Name (print)	Signature	Date
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INTERNAL USE ONLY

Reason acknowledgement was not obtained
