



Rhea Healing Essentials
121 N 85th St
Seattle, WA 98103

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGMENT

This form will be retained in your medical record

We keep a record of the health care services we provide you. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting your practitioner.

Our Notice of Privacy Practices describes in more detail how your health information may be used or disclosed and how you can access your information.

As a client you have the following rights regarding your Personal Information records:

1. Patients are entitled to see a copy of their records.
2. Patients are entitled to receive a copy of their records.
3. Patients are entitled to make an amendment in the file to their patient health information.
4. The massage therapist has a right to deny inclusion of amendments in the patient's file.
5. The patient has a right to disagree with the therapist's refusal of inclusion.
6. The therapist has a right to rebut the patient's disagreement, but any time a file is sent out, a copy of that rebuttal must be included.
7. The patient has a right to a privacy practice notice from the therapist providing the care.

Patient or Legally authorized signature

Date

Printed name if signed on behalf of the patient

Relationship (parent, legal guardian, representative)

RHEA HEALING ESSENTIALS

NOTICE OF PRIVACY PRACTICES

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

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We respect our legal obligation to keep health information that identifies you private. As obligated by law, we have 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. In some limited situations, the law requires us to disclose your health information without either a written or verbal consent.

Law requires us to:

- Keep your health information private
- Give you this Notice of Privacy Practices
- Abide by the terms of the Notice of Privacy Practices currently in effect

We have the right to change your privacy practices and the terms of this notice at any time, provided that law permits the changes. If we make the changes we will update this notice and make the new notice available upon request.

We will ask you to sign a consent form allowing us to use and disclose your health information for purposes of treatment, payment and healthcare operations in this office. We are allowed to refuse to treat you if you do not sign the consent form.

We are permitted to use and disclose your healthcare record for the purpose of treatment, payment, and healthcare operations.

- **Treatment** means providing coordination, or managing healthcare related services by one or more healthcare providers. For example, we may need to share information with other providers or specialists involved in your case.
- **Payment** means activities as obtaining reimbursement for services, verifying coverage, billing or collection activities and utilization review. For example, we disclose treatment information when billing a medical plan for your physical therapy services.
- **Healthcare operations** include the business aspects of running our practice. For example, patient information may be used for training purposes or quality assessment.

Other possible Uses and Disclosures:

- In response to a legal proceeding
- In case of threat to public health or safety
- To worker's compensation or similar programs for processing of claims
- In domestic violence or neglect situations
- For specialized government functions
- Other uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization.

RHEA HEALING ESSENTIALS

Unless you request otherwise, we may use or disclose health information to a family member or other personal representative to the extent necessary to help with your healthcare or with payment for your healthcare. In addition, we may use your confidential information to remind you of your appointments by leaving messages at home and/or work. Any other uses and 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.

The health and billing records we create are the property of this health care facility. The health information in it, however, generally belongs to you.

You have the right to:

- Request and receive from us a copy of the most current Notice of Privacy Practices.
- Look at or receive copies of your health information. This request must be made in writing and we have a form available for that purpose. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request.
- Ask us to restrict certain uses and disclosures. You must submit this request in writing. We are not required to grant the request but will comply with any requests granted.
- Have us review a denial of access to health information-except in certain circumstances.
- Ask us to change your health care information. This request must be made in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- Request a list of disclosures of your health information. The list will not include disclosures to third party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by other means or at another location. Please sign, date and give us your request in writing. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.
- Cancel a prior authorization to use or disclose health information by giving us written revocation. Your revocation does not affect any information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

If you have any questions or concerns, please contact Rhea Healing Essentials at 206-805-0226.

If you believe your privacy rights have been violated, you may discuss your concerns with any Sheila Arias or Janna Bishop. You may also file a complaint with the Privacy Officer at our practice or with the U.S. Secretary of Health and Human Services. All complaints must be in writing. You will not be penalized or discriminated against for filing a complaint.

You may mail any written notices or complaints to:

Rhea Healing Essentials
121 N 85th St
Seattle, WA 98117