



## **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. If you have any questions about this notice, please contact our office at (360) 714-0550.

Rhythms of Life Wellness Studio (ROL) respects your privacy. We understand that your personal health information is very sensitive. We won't disclose your information to others unless we get permission from you in writing, or the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers and billing and payment information related to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations.

**YOUR HEALTH INFORMATION:** This notice applies to the information and records we have about your health, health status and the health care and services you receive in this office. We're required by law to give you this notice. It will tell you about the ways in which we may use and disclose your health information and describes your rights and our obligations regarding the use and disclosure of that information.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

**ABOUT YOU:** We must have your written, signed consent to use and disclose health information for the following purposes:

**For Treatment:** We may use and disclose information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

#### **Payment:**

We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

**Regular Healthcare Operations:** We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

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**Appointment Reminders and Health-related benefits and services:** We may contact you to remind you about appointments and give you information about treatment alternatives, specials, and fundraising, or other health-related benefits and services. Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products or services. If you advise us in writing (at the address listed at the bottom of this Notice) that you don't wish to receive such communications, we won't use or disclose your information for these purposes.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family, friends or any other individual identified by you when they are involved in your care or payment for your care. We'll only disclose the information directly relevant to their involvement in your care or payment. We may also disclose your protected health care information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

**Organ and Tissue Donation:** If you're an organ donor, we may release medical information to organizations that handle organ procurement, organ, eye or tissue transplantation, or to an organ donation bank as necessary, to facilitate organ or tissue donation and transplantation.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Communicable Diseases and Public Health Risks:** We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may also disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for purposes such as controlling disease, injury or disability.

**Law Enforcement:** We can provide medical information about you if we receive a subpoena, court order, or as directed by federal, state or local law, or if you are the victim of a crime.

**Military, Veterans, and Foreign Military Personnel:** If you are or were a member of the armed forces, we may release protected health information about you as required by military command authorities. For example: The law may require us to provide information necessary for a military mission or for national security purposes.

**Correctional Institutions:** If you're in a correctional institution, we may release protected health information about you to the institution or law enforcement official. An inmate doesn't have the right to the Notice of Privacy Practices.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We'll only make this disclosure if you agree or when required or authorized by law.

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**Coroners, Medical Examiners and Funeral Directors:** We may release protected health information that may be necessary to identify a deceased person or determine the cause of death, or information about patients to funeral directors as necessary to carry out their duties.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Research (inpatient):** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**OTHER USES AND DISCLOSURES OF HEALTH CARE INFORMATION:** We won't use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization.

You have the right to:

- Receive, read and ask questions about this notice.
- Request a restriction or limitation on the health information we use or disclose about your treatment, payment or health care operations.
- Request that you be allowed to see and get a copy of your protected health information. The request must be in writing.
- If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as we have it in our office.
- At your request, we will give you a list of health information disclosures, not including third-party payers. You may receive this information without charge every 12 months. We will notify you of the cost involved if you request this information more often than once a year.
- Cancel prior authorizations to use or disclose health information by giving us written revocation. Your revocation will not affect information that has already been released, nor does it affect any action taken before we have your revocation.
- If you believe your privacy rights have been violated, you may file a complaint with our office by phone or in writing. You may also file a complaint with the Secretary of the Dept. of Health and Human Services. We won't penalize you for filing a complaint.
- Ask us to change your health information. This request must be in writing. You may write a statement of disagreement if your request is denied.

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## **NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT**

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

**By my signature below I acknowledge receipt of the Notice of Privacy Practices.**

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date