



BodyWise Therapy, P.C.
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.

EFFECTIVE DATE: SEPTEMBER 23, 2013

ABOUT THIS NOTICE

BodyWise Therapy, P.C. ("BodyWise") is strongly committed to protecting your health information. This Notice of Privacy Practices ("Notice") is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 and its implementing regulations ("HITECH") and describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights and our duties with respect to your protected health information.

"Protected Health Information" is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Our current Notice is posted at <http://www.bodywiseomaha.com>. You also have the right to receive a paper copy of this Notice and may ask us to give you a copy of this Notice at any time.

If you received this Notice electronically, you are entitled to a paper copy of this Notice. We must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please contact Shanna Paopao at (402) 932-8686.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We are required by law to (1) maintain the privacy of your health information; (2) provide you with notice of our legal duties and privacy practices with respect to your health information; (3) abide by the terms of this Notice of Privacy Practices; (4) notify you if we are unable to agree to a requested restriction; and (5) accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change this Notice of Privacy Practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will provide a revised Notice of Privacy Practices at your next appointment.

HIPAA generally permits use and disclosure of your health information without your permission for purposes of health care treatment, payment activities and health care operations. These uses and disclosures are more fully described below. The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made by BodyWise. However, BodyWise may never have a reason to make some of these disclosures:

Treatment: We will use and disclose your health information for treatment including the provision, coordination or management of healthcare, and related services. For example, information may be disclosed in order to coordinate the different things you need, or to support and maintain your continuum of care.

Payment: We will use your health information for payment. For example, a bill may be sent to you or a third party payer. The information accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

Healthcare Operations: We may use or disclose your health information to carry out our daily activities as they relate to the provision of healthcare. Healthcare operations include but are not limited to quality assessment activities, and licensing activities. For example, we may disclose your information with third parties that perform various business activities (e.g., billing or computer software services) provided we have a written contract with the business that requires it to safeguard the privacy of your protected health information.

Notification: In an emergency situation, we may use or disclose your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

Public Health Activities: We may disclose your health information to a public health authority that is permitted to collect or receive the information. We may be required to

report information to help prevent or control disease, injury, or disability. We may also disclose information, if directed by the public health authority, to a foreign government agency that collaborates with the public health authority. This includes reporting child abuse or neglect, FDA regulated product or activity, and exposure to communicable diseases.

Abuse or Neglect: If we believe you have been a victim of abuse or neglect or are engaging in behavior that is abusive toward children or other “vulnerable” persons as defined by applicable federal and/or state laws, we may disclose your health information to an authorized governmental entity or agency. The disclosure will be made pursuant to the requirements of federal and state laws. We may also disclose your information to a public health entity that is authorized to receive reports of child abuse or neglect.

Healthcare Oversight Activities: We may disclose your health information to appropriate authorities for activities including but not limited to monitoring, investigating, inspecting, and disciplining or licensing those who work in the healthcare system or for government benefit programs.

Judicial and Administrative Proceedings: We may disclose your health information that is expressly authorized by an administrative proceeding, in response to an order of a court or administrative tribunal, and under certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement Purposes: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Disclosure About Decedents: We may disclose health information about decedents to coroners and medical examiners for the purpose of identifying a deceased individual, determining a cause of death, or carrying out other duties permitted by law. Additionally, we may disclose decedent's information to funeral directors as authorized by law.

Avoid Threat to Health or Safety: We may disclose information to specified authorities if we believe in good faith that a disclosure of your health information is necessary to prevent or minimize a serious threat to you or the public's health or safety.

Military, National Security and Law Enforcement Custody: Under certain conditions, if you are involved with the military, national security, or intelligence activities, we may release your health information to the proper authorities so that they may carry out their duties. Also, if you are in a correctional institution or other law enforcement custodial situation we may disclose your health information to a correctional institution or law enforcement official.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by the law.

Charges Against Provider: In the event you should file suit against us, we may disclose health information necessary to defend such action. Also, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate and determine our compliance with the law.

Uses and Disclosures of Protected Health Information Requiring an Authorization: In situations other than those listed above, we will request your written authorization before using or disclosing protected health information about you. If you choose to sign such authorization to disclose information, you may, in writing, revoke that authorization to stop any future uses and disclosures except to the extent that action has been taken in reliance on the use or disclose, or if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirements of the more stringent law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights:

Request a Provider Not to Disclose: You may request, in writing, that we not use or disclose your information for treatment, payment, or administrative purpose, or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. To request a restriction on who may have access to your protected health information, you must submit a written request to your Executive Director. Your request must state the specific restriction requested and to whom you want the restriction to apply. BodyWise is not required to agree to a restriction that you may request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

Receive Confidential Communication: You have the right to request that your health information be communicated to you in a confidential manner, in certain situations, such as sending mail to an address other than your home.

Inspect and Copy Information: Within the limits of the State statutes and regulations, you have the right to inspect and copy your health information. You may not inspect or copy psychotherapy notes, information compiled in anticipation of litigation, or information subject to a law that prohibits access. The decision to deny access may be reviewable in certain cases.

Request to Amend Healthcare Information: If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a

request to us to amend your health information by correcting the existing information or adding the missing information. We may, under certain circumstances, deny your request.

Receive an Accounting: You have the right to receive an accounting of disclosures of your health information. This includes disclosures made other than for treatment, payment, healthcare operation, for a facility directory, to family member or friends involved in your care, requests made by you, pursuant to an authorization, or for notification purposes. The right to receive this information is subject to certain exceptions and limitations.

Receive a Paper Copy of this Notice: If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request.

BREACH NOTIFICATION

This Notice also reflects federal breach notification requirements in the event that your "unsecured" protected health information (as defined under HITECH) is acquired by an unauthorized party.

BodyWise will notify you following the discovery of any "breach" of your unsecured protected health information as defined in the HITECH Act (the "**Notice of Breach**"). Your Notice of Breach will be in writing and provided via first-class mail, or alternatively, by e-mail if you have previously agreed to receive such notices electronically. If the breach involves:

- ☐ 10 or more individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute individual Notice of Breach by either posting the notice on our website or by providing the notice in major print or broadcast media where the affected individuals likely reside.
- ☐ Less than 10 individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute Notice of Breach by an alternative form.

Your Notice of Breach will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and shall include, to the extent possible:

- ☐ A description of the breach.
- ☐ A description of the types of information that were involved in the breach.
- ☐ The steps you should take to protect yourself from potential harm.
- ☐ A brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches.
- ☐ Our relevant contact information.

Additionally, for any substitute Notice of Breach provided via web posting or major print or broadcast media, the Notice of Breach shall include a toll-free number for you to contact us to determine if your protected health information was involved in the breach.

COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with us, please contact your Executive Director or the Corporate Privacy Officer at the address listed below. All complaints must be submitted in writing. *BodyWise will not retaliate against you for filing a complaint.*

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. The new Notice will be effective for all health information we already have about you as well as any information we receive in the future. You can also obtain a revised Notice by contacting your Executive Director or the Corporate Privacy Officer at the address listed below.

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