



FULL OF LIFE FITNESS

NOTICE OF CLIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

PRACTICE LEGAL DUTY

Pam Pellegrini / FULL OF LIFE FITNESS is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Pam Pellegrini / FULL OF LIFE FITNESS uses your personal health information primarily for assessing a client's ability to safely participation in ongoing exercise; and evaluating the quality of care that we provide. For example, Pam Pellegrini / FULL OF LIFE FITNESS may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you. Pam Pellegrini / FULL OF LIFE FITNESS may use your personal health information when talking to other healthcare providers, case managers, or rehab professionals.

Pam Pellegrini / FULL OF LIFE FITNESS may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Pam Pellegrini / FULL OF LIFE FITNESS's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

CLIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the

right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Pam Pellegrini / FULL OF LIFE FITNESS will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

All electronic communication between the client, POAs and HCPs will be executed on HIPAA compliant software.

CONCERNS AND COMPLAINTS

If you are concerned that Pam Pellegrini /FULL OF LIFE FITNESS may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our company owner at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Pam Pellegrini / FULL OF LIFE FITNESS health information practices or if you have a complaint, please contact the following person:

Pam Pellegrini / FULL OF LIFE FITNESS
36 Bay Farm Rd.
Kingston, MA 02364
pam@fulloflifefit.com
781-799-3818

I hereby consent to the use and disclosure of FULL OF LIFE FITNESS's Notice of Information practices. I understand that I retain the right to revoke this consent by notifying **FULL OF LIFE FITNESS** in writing at any time.

Client Name

Signature

Date



FULL OF LIFE FITNESS

DESIGNATED INDIVIDUALS AUTHORIZATION FORM

I hereby authorize one or all of the designated parties below to request and receive the release of any protected health information regarding my treatment, payment or administrative operations related to treatment and payment. I understand that the identity of designated parties must be verified before the release of information.

Authorized Designees:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Client Name

Client Signature

Date

I Accept

By checking the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.