



CompassionMassage.com

HIPAA Notice of Privacy & Consent

The purpose of this form is to disclose to you that we comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). We respect your privacy and understand the seriousness of the medical information you disclose to us.

Your Rights as a Client Under HIPAA:

- We must obtain your written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule.
- If you authorize a personal representative, we will allow that representative to inspect and receive a copy of protected health information about you. The personal representative of a minor child is usually the child's parent or legal guardian.
- Only you or your personal representative has the right to access your client care file. A health care provider or health plan may send copies of your records to another provider or health plan as needed for treatment or payment or as authorized by you.
- We will not deny you a copy of your client care file because you have not paid for the services you have received.
- If you think the information in your client care file is incorrect, you may request that we amend the record.
- If you have any questions or concerns with regards to how your individual client care file for Compassion Massage Therapeutic Clinic is being managed please contact Cathrine Thibault by calling 978-534-0101 or emailing info@compassionmassage.com. Please place "HIPAA" in the subject line.

Permitted Uses of Your Medical Information & Disclosure

Under HIPAA we are authorized to use your medical information for the following reasons: Treatment, Payment, Health Care Operations:

- **Treatment:** if authorized by you or personal representative we may coordinate with one or more of your medical providers in providing healthcare and related services. This may include actions such as providing or receiving medical referrals and the sharing of documents utilized to obtain your medical related information.
- **Payment:** if necessary, we are authorized to use your medical information to obtain payment or reimbursement for services provided.
- **Healthcare Operations:** (a) Quality assessment and improvement activities, (b) competency assurance activities, (c) conducting or arranging for medical reviews, audits, and legal services, (d) specified insurance functions such as underwriting, risk rating, and reinsuring risk (e) business planning, development, management and general administration, (f) business management and general administrative activities of the clinic, including but not limited to de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the clinic.

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Permitted Use of Information without Authorization

HIPAA outlines “**12 national priority purposes**” as justification why your authorization would not be needed to have access to your medical information that if it were requested of us, we would have to provide information pertaining to your records. Those “12 national priority purposes” are:

1. If it is **required by law** to include statute, regulation, or court order
2. We may be required to disclose protected information to **public health activities and agencies** such as the FDA or other public health authorities for the purposes of preventing or controlling diseases, to report child abuse, the tracking of products with adverse affects, product recalls, individuals who may have contracted or been exposed to a communicable disease, employers regarding employees in regards to work related illnesses in order for the employer to comply with Occupational Safety and Health Administration (OSHA) or similar state laws.
3. In situations when protected health information is needed to be disclosed to government agencies as it relates to **victims of abuse, neglect, or domestic violence**.
4. In cases where protected health information is requested for purposes of **legally authorized health oversight activities** such as audits and investigations necessary for oversight of the health care system.
5. We may be required **by judicial or administrative** proceeding through a court order or administrative tribunal to provide protected health information. Under this scenario certain assurances may be provided before we disclose your protected health information.
6. We be requested to **cooperate with law enforcement** in that we may be required to submit to subpoenas, cooperate in identifying or locating fugitive or material witness, comply with law enforcement’s request for information about a victim or suspected victim of a crime, inform law enforcement of a person’s death if we suspect criminal activity caused the death, if we believe the protected health information is evidence of a crime that occurred in the facility or on the grounds, and if a medical emergency occurs as result of a crime not in the facility or the grounds but the protected health information can identify the perpetrator or victims.
7. For the **benefit of decedents** we may provide protected health information to funeral directors as needed, coroner, or examiners to identify deceased persons, determine the cause of death, and to perform related functions by law.
8. We have the ability to disclose protected health information to facilitate the donation and transplantation of **cadaveric organs, eyes, and tissue**.
9. Protected health information may be utilized without authorization for the purpose of **research**. Under this provision as long as we have approval from the Institutional Review Board or Privacy Board. This regulation stipulates representations from the researcher that the use or disclosure of protected health information is solely to prepare a research protocol or for similar purpose preparatory to research and that any research of the record must be conducted in our facility.
10. If we determine information in protected client care file has the ability **to prevent or lessen serious harm or danger to your safety**, we may disclose that information.

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11. By law we are required to disclose protected health information to **essential government functions** if it is in the best interest of executing the military mission, national security concerns, making medical suitability by the U.S. State Department, protecting the President, protecting the health and safety of inmates or employees in correctional facilities, and determining eligibility for enrollment in certain government programs.
12. If requested we may provide protected health information to comply with **worker's compensation laws and other similar benefit programs** related to injuries or illness.

Protecting your private health information (PHI) is important to us and we will take all precautions to do so as well as comply with the laws regarding PHI as you have read them above. We encourage you to visit <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html> and learn more about your rights in accordance with HIPAA and your private health information.

Printed Name

Signature

Date

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