

## WHIM THERAPY (DBA WHIM FITNESS) Notice of Privacy Policies

THIS NOTICE DESCRIBES HOW WHIM THERAPY AND WHIM FITNESS MAY USE AND DISCLOSE INFORMATION ABOUT YOU, AND HOW YOU MAY ACCESS/RESTRICT THIS INFORMATION. PLEASE REVIEW CAREFULLY.

### OUR RESPONSIBILITIES

WHIM THERAPY (and its subsidiary WHIM FITNESS) takes the privacy of your health information seriously. WHIM THERAPY is a HIPAA compliant business and follows all required regulations. We are required by law to maintain the privacy of your protected health information (PHI), to provide you with this notice and to abide by its terms. You may request a restriction on the use of your PHI by contacting our office. We are required to notify you if we are unable to comply with a restriction request on PHI used or disclosed for your treatment, payment or healthcare operations (TPO). If we agree to a requested restriction, we may not use or disclose your PHI in violation of said restriction unless necessary to provide emergency treatment. We must accommodate a reasonable request to communicate PHI by alternative means or at alternative locations.

We reserve the right to amend this notice or create a new notice effective for all PHI we maintain. Any new notice adopted will be made available to you at your next appointment.

### YOUR HEALTH RECORD

Each time you visit or interact with WHIM THERAPY AND WHIM FITNESS, a record of your visit may be made. The record contains PHI such as your demographics, symptoms, examinations and test results, diagnoses, treatment, and a future treatment plan. This information can serve multiple purposes including:

- - Basis for planning your care/treatment
- - A means of communication between Health Care professionals who contribute to your care
- - Legal document describing the care you receive
- - Verifications that services billed were actually provided (WHIM THERAPY ONLY)
- - Source of anonymous data for research, public health officials, facility planning and improvement

### YOUR HEALTH INFORMATION RIGHTS

Although your health record is the property of WHIM THERAPY, the PHI within belongs to you. You have the right to:

- - Request a restriction on certain uses/disclosures of your information
- - Obtain a hard copy of this notice upon request

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- - Inspect your health record
- - Obtain an accounting of disclosures of your PHI
- - Request communications of your PHI by alternative means or at alternative locations
- - Revoke your authorization to use or disclose your PHI except to the extent that action has already been taken

## EXAMPLES OF DISCLOSURES FOR TPO

We will use your PHI for treatment and/or therapy. For example: Information obtained by WHIM THERAPY will be recorded in your record and used to determine the course of your treatment/therapy. Your care provider will document in your record his/her expectations of the members of your healthcare team. Members of your team will then record the actions they took and their observations. Upon request, we will also provide your physician or a subsequent healthcare provider with copies of any reports that should assist them in treating you.

WHIM THERAPY will use your PHI for payment. For example: A bill may be sent to you, or to your insurance provider. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations. For example: We may use information in your health record to assess the care and outcomes in your case and similar cases. This information will then be used in an effort to continually improve the quality and efficacy of the services we provide.

## OTHER USES/DISCLOSURES

We may contact you to provide appointment reminders, information on alternative treatment or other health related benefits and services that might interest you. As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability. WE may disclose PHI for law enforcement purposes and national security as required by law, or in response to a valid subpoena or search warrant. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public. WHIM THERAPY AND WHIM FITNESS may disclose your PHI in order to defend against legal claims brought by you including, but not limited to, breach of the standard of care.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions and would like additional information, you may contact our manager, ELIZABETH FRANKLIN. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services.

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Please keep a copy of the above notice for your review.

## ACKNOWLEDGEMENT OF RECEIPT OF WHIM THERAPY &/OR WHIM FITNESS

### NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have been provided with a copy of the WHIM THERAPY OR WHIM FITNESS Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by WHIM THERAPY OR WHIM FITNESS and how I may access and control this information.

\_\_\_\_\_ Signature of Client or Parent/Guardian Date

\_\_\_\_\_ Print Name of Client or Parent/Guardian

### CONTACT / ACCESS PREFERENCES

Please list who you would like to have access to your pertinent information (family members, etc.)?

\_\_\_\_\_

May we leave a message on your answering machine/voice mail? \_\_\_\_\_

Other Preferred method of contact? \_\_\_\_\_

Please return the signed copy of acknowledgement to your WHIM THERAPY provider.

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