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### **NOTICE OF PRIVACY PRACTICE**

We, Discover Yoga Therapy, respect your privacy. We understand that your personal health information is very sensitive. We will not disclose this information to others unless you ask us to so, or unless the law authorizes/requires us to do so.

The law protects the privacy of the health information that we create and obtain in providing you with our care and services. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating 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. State law requires us to get your authorization to disclose this information for payment purposes.

### **EXAMPLE OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS.**

#### **For Treatment:**

- ✓ Information obtained by your therapist will be recorded in your medical record and used to determine what care may be right for you.
- ✓ We may also provide information to others providing you care. This will help them stay informed about your care.

#### **For Payment:**

✓ We request payment from your health insurance plan, directly or through a billing service. Health plans need information from us regarding the care provided to you. This information may include your diagnosis, procedures performed, and recommended care.

#### **For Health Care Operations:**

- ✓ We use your medical records to assess quality and improve services.
- ✓ We may contact you to remind you of appointments and give you information about treatment alternatives or other health related benefits and services. This may be done by mailings, phone/answering machine or email.
- ✓ We may contact you to raise funds.
- ✓ We may use or disclose your information to conduct or arrange for services, including:
  - Medical quality review from your health plan
  - Accounting, legal, risk management and insurance purposes.
  - Audit functions, including fraud and abuse detection and compliance programs.

### **YOUR HEALTH INFORMATION RIGHTS**

The health and billing records we create and store are the property of our studio. The protected health information in it, however, generally belongs to you. You have a right to:

- ✓ Receive, read, and ask questions about this notice
- ✓ Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. If the request is accepted, then we will abide by it and can only reverse our position after notifying the patient first(except in the case of emergency)
- ✓ Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (.Notice.)

- ✓ Request that you be able to see and get a copy of your protected health information. You must make this request in writing, and we will notify you of the charges for copying and mailing.
- ✓ Have us review a denial of access to your health information except in certain circumstances.
- ✓ Ask us to change your health information. You must give us this request in writing. You may write a statement of disagreement if your request is denied, and it will be stored in your medical record and included with any release of your records. Denial can be based on : your request not being in writing, you do not provide a reason that supports your request, the information to be changed was not created by us, if the information is not part of the information that you have the right to inspect and copy, or if the information is accurate and complete
- ✓ When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. The request must state the time period, which may not be longer than six years and may not include dates prior to February 1<sup>st</sup> 2007. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- ✓ Ask that your health information be given to you by another means or at another location. Please sign, date and give us your request in writing. We will accommodate such a request if we can practically implement such an alternative.
- ✓ Cancel prior authorizations to use or disclose health information by giving me a written revocation. Your revocation does not affect information that has already been released.
- ✓ It does not affect any action taken before we have it. Sometimes you cannot cancel and authorization if its purpose was to obtain insurance.

### **OUR RESPONSIBILITIES**

We have the right to change our practice regarding the protected health information we maintain.

If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting the studio to pick one up.

#### **We are required to:**

- ✓ Keep your protected health information private.
- ✓ Give you this Notice.
- ✓ Follow the terms of this Notice.

### **TO ASK FOR HELP OR COMPLAINT**

- If you have any questions, want more information, or want to report a problem about the handling of your protected health information, you may contact us.
- If you believe your privacy rights have been violated, you may discuss your concerns with us. You may also deliver a written complaint to us at the following address:

Discover Yoga Therapy  
 512 15<sup>th</sup> Ave  
 Kirkland, WA 98033

You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with me, or the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate.

## **OTHER DISCLOSURES AND USES OF PROTECTED HEALTH INFORMATION**

### **Notification of Family and Others**

Unless you object, we may release health information about you to a close friend, family member, or other person identified by you, who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose information about you to assist in disaster relief efforts.

### **We may use and disclose your protected information without your authorization as follows**

- To comply with workers. compensation laws, if you make a workers. compensation claim.
- For Public Health and safety as allowed or required by law
  - To prevent or reduce a serious, immediate, threat to the health or safety of a person or the public.
  - To public health or legal authorities
  - To protect public health and safety
  - To prevent or control disease, injury or disability
- Report suspected abuse or neglect to public authorities.
- For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities. For example, we may share health information with the Department of Health.
- For disaster Relief purposes. For example, we may share health information with disaster relief agencies to assist notification of your connection to family or others.
- In the course of Judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- For specialized governmental functions. For example, we may share information for national security purposes.
- With medical researchers, if the research has been approved, and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- De-Identified information. We may use and disclose health information that may be related to you but does not identify you and cannot be used to identify you.
- Other uses and Disclosures not in this notice will be made only as allowed or required by law or with your written authorization.