



MBODY
HEALTHCARE

Notice of Privacy Practices

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the confidentiality of your PHI and provide you a copy of this notice.

Protected health information (PHI) includes:

- Name
- Dates relating to a patient: e.g. birth dates, dates of treatment
- Telephone/fax numbers, addresses, or other contact information
- Social Security numbers
- Medical record numbers
- Photographs
- Finger and voice prints
- Any other unique identifying number

Effective date: November 1, 2021.

Our pledge regarding your medical information

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at Mbody Healthcare. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

Our Legal Duty

Law requires us to:

- Follow the terms of the notice that is now in effect.
- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices, and your rights regarding medical information.

We have the right to:

Change our privacy practices and the terms of this notice at any time, provided that the law permits the changes. Any changes will be effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices

If we change this notice, members will be informed via email and/or patient portal, as well as notice on our website. Current Notice of Privacy Practices are available for review on our website.

Use and disclosure of your medical information

Treatment

We may use your PHI about you to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, medical assistants, technicians, or other people who are taking care of you. We may also share medical information to your other health care providers to assist them in treating you.

Payment

We may use and disclose your PHI for payment purposes.

Health care operations

We may use and disclose your PHI for our health care operations. This might include measuring and improving quality, getting the accreditation, certificates, licenses, and credentials we need to serve you.

Health-related benefits and services

We may use and disclose your PHI to provide appointment reminders, clinic newsletters and updates, or potential treatment options or alternatives.

Release of information to family/friend

We will get your permission before we share medical information, or give you the opportunity to refuse permission. In case of emergency, and you are unable to give permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information about you.

Uses and Disclosures for which no permission is required:

Public health reporting

As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of abuse, neglect, or domestic violence

We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

Workers compensation

We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

Health oversight activities

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Court orders, judicial and administrative proceedings

We may disclose medical information in response to court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials.

Your individual rights

You have a right to:

- Review and obtain a copy of your medical information. An administrative fee may be charged.
- Accounting of disclosures when your medical information was shared for purposes other than treatment, payment, and health care operations and other specified exceptions.
- Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in the case of emergency or when required by law.
- Request that we communicate with you about your medical information by different means than those outlined in our Patient Agreement.
- Request amendment your health information if you believe it is incorrect or incomplete.
- Receive a paper copy of this notice and be notified when modifications are made.
- File a complaint if you believe your privacy rights have been violated. We request you address the concern with us first so we may clarify or remedy the issue. You may also directly submit written complaint to: The US Department of Health and Human Services, Office of Civil Rights, www.hhs.gov/ocr/hipaa

Privacy practices acknowledgment

I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

Printed name: _____

Signature: _____

Date: _____