

## **Misty Fall Body Works**

1016 SE 12<sup>th</sup> Ave

Portland, OR 97214

[mistyfallLMT@gmail.com](mailto:mistyfallLMT@gmail.com)

971-303-9557

### **Notice of Privacy Practices**

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

#### **Uses and Disclosures of Health Information.**

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, notification of specials and general greetings, educational opportunities related to your health care, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods.

We may use or disclose individually identifiable health information (IIHI) without your authorization for several reasons. Subject to certain requirements, we may give out IIHI for public health purposes, auditing, research studies, emergencies, or when required by law, or other legal circumstances. In any other situation, we will ask for your written authorization before using or disclosing any IIHI about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make any significant changes, we will post the new notices in the waiting area for all to see. You can also request a copy of our notice at any time.

#### **Individual Rights**

In most cases, you have the right to look at or get a copy of your health information. If you request copies, we will charge you for the photocopy fees and mailing expense only. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your records may only show the date of the appointment if there were no specific changes in your condition from your last visit. Please allow up to ten working days for processing any request.

#### **Complaints**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the privacy officer listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

#### **Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices described in the notice, and obtain your acknowledgement of receipt of this notice. If you have any questions or complaints, please contact Misty at [mistyfallLMT@gmail.com](mailto:mistyfallLMT@gmail.com)