

---

**Advanced Massage, LLC**

**NOTICE OF PRIVACY PRACTICES**

---

The privacy of your health information is important to us. We will maintain the privacy of your health information and we will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The federal law known as HIPAA requires that we take additional steps to keep you informed about how we may use information that is gathered in order to provide health care services to you. As part of this process, we are required to provide you with the attached Notice of Privacy Practices (“Notice”) and to request that you sign an acknowledgement that you received a copy of this Notice. The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

Please take a moment to review our Notice of Privacy Practices. If you have any questions about this Notice please contact our Privacy Officer at Advanced Massage, LLC, 2120 SW 152<sup>nd</sup> street, Burien, WA 98166: tel – 206.244.7973, fax – 206.244.2613.

# Advanced Massage, LLC

## Notice of Privacy Practices

---

**This notice describes how health information about you may be used and disclosed and how you can get access to this information.  
Please review it carefully.**

---

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information (“Protected Health Information” or “PHI”). We must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

---

### I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### A. Permissible uses and disclosure without Your Written Authorization

We may use and disclose PHI without your written authorization for certain purposes except as otherwise described in this Notice. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

**1. Treatment:** We may use and disclose PHI in order to provide treatment to you. For example, we may use PHI to treat and provide medical services to you. In addition, we may disclose PHI to other health care providers involved in your treatment.

**2. Payment:** Under federal law we may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, we may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services. Under Washington state law, releases of PHI to health plans require an authorization provided by you to us or to your health plan.

**3. Health Care Operations:** We may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing, or credentialing activities.

**4. Required or permitted by Law:** We may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI 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. In addition we may disclose PHI to the extent necessary to avert a serious threat to your health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials

in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as otherwise as authorized by law.

**5. Your Other Health Care Providers:** We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services rendered to you, or conduct certain health care operations, such as quality assessment and improvement activities.

## **B. Uses and Disclosures that May be Made Without Your Authorizations, But for Which You Have an Opportunity to Object.**

**1. Appointment Reminders:** Unless you object, we may use or disclose PHI in order to provide you with appointment reminders such as voicemail messages, postcards, or letters.

**2. Other Services:** We may use or disclose PHI in order to contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

**3. Family and Other Persons Involved in Your Care:** We may use or disclose PHI to your family members or friends who are involved in your care or who assist you in paying for your care. If we need to notify family and / or friends of your medical condition and / or location, we may also disclose your information. For example, this notification may be via a disaster relief effort, such as the American Red Cross.

## **C. Uses and Disclosures Requiring Your Written Authorization.**

Uses and Disclosures other than those described in Sections IA and IB above will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time in writing.

## **II. YOUR INDIVIDUAL RIGHTS**

**A. Right to Inspect and Copy:** You may request access to your medical and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any records requested.

**B. Right to Alternative Communications:** You may request and we will accommodate any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

**C. Right to Request Restrictions:** You have the right to request a restriction on PHI we use or disclose for treatment, payment, or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. We are not required to agree to any such restriction you may request.

**D. Right to Accounting of Disclosures:** Upon written request, you may obtain an accounting of certain disclosures of PHI made by Advanced Massage, LLC after May 3, 2004. This right applies to disclosure for purposes other than treatment, payment or health

care operations, excludes disclosures made to you or disclosures otherwise authorized by you.

**E. Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**F. Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to our Privacy Officer at any time.

**G. Questions and Complaints.** If you have any questions or concerns regarding your privacy rights you may contact the Privacy Officer at Advanced Massage, LLC, 2120 SW 152<sup>nd</sup> St, Burien, WA 98166; tel: 206.244.7973, fax: 206.244.2613. You may also file a written complaint with the Director, Office of Civil Rights of the US Department of Health and Human Services. Advanced Massage, LLC will not retaliate against you for filing any complaint.

### **III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

**A. Effective Date.** This Notice is effective on May 3, 2004.

**B. Changes to this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised Notice in the waiting area of our office. You may also obtain a copy of any revised notice by contacting the Privacy Officer at Advanced Massage, LLC, 2120 SW 152<sup>nd</sup> St., Burien, WA 98166; tel – 206.244.7973; fax – 206.244.2613.