

Mother Gaia Massage LLC

NOTICE OF PRIVACY PRACTICES

Health Insurance Portability and Accountability Act (HIPAA)

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.

1. *My Pledge Regarding Health Information*

The privacy of your health information is important to me. I understand that your health information is personal and I am committed to protecting it. I create a record of the care and services you receive at my business. I need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways I may use and share health information about you.

2. *My Legal Duty*

We also describe your rights and certain duties we have regarding the use and disclosure of health information.

Law Requires Me to:

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

I Have the Right to:

1. Change my privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all health information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before I make an important change to my privacy practices, I will change this notice and make the new notice available upon request.

3. *Use and Disclosure of Your Health Information*

The following section describes different ways that I use and disclose health information. Not every use or disclosure will be listed. However, I have listed all of the different ways I am permitted to use and disclose health information. I will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to me.

FOR TREATMENT: I may use health information about you to provide you with health treatment or services.

FOR HEALTH CARE OPERATIONS: I may use and disclose your health information for my health care operations. This might include measuring and improving quality, conducting training programs, and getting the accreditation, certificates, licenses and credentials I need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your health information for treatment, and health care operations, we may use and disclose health information for the following purposes.

FUNDRAISING: I may provide health information to one of my affiliated fundraising foundations to contact you for fundraising purposes. I will limit my use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, I will provide you a description of how you may choose not to receive future fundraising communications.

Research in Limited Circumstances: Health information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of health information.

Court Orders and Judicial and Administrative Proceedings: We may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

Public Health Activities: As required by law, I may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. I may also disclose your health 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. I may also, when I am 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: I may disclose health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. I may share your health information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. I may share health information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped -from legal custody.

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: I may disclose health 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.

Law Enforcement: Under certain circumstances, I may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

4. Your Individual Rights

You Have a Right to:

1. Look at or get copies of your health information. Requests must be submitted in writing to me. Records may be reviewed by appointment. Copies will be provided within 24 hours with a fee of \$.10 per copied page.
2. Receive a list of all the times I or my business associates shared your health information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that I place additional restrictions on my use or disclosure of your health information. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement (except in the case of an emergency).
4. Request that I change your health information. I may deny your request if I did not create the information you want changed or for certain other reasons. If I deny your request, I will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If I accept your request to change the information, I will make reasonable efforts, to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

Questions and Complaints

If you have any questions about this notice or if you think that I may have violated your privacy rights, please contact me. You may also submit a written complaint to the U.S. Department of Health and Human Services. I will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. I will not retaliate in any way if you choose to file a complaint.

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