



# BODY THERAPEUTICS

## HIPAA Patient Privacy Policies and Procedures

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

### ***Summary***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on health centers concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a health center — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the health care providers of Body Therapeutics. The health care providers covered by this notice may share health information with each other to carry out Treatment, Payment, or Health Care Operations. These practitioners are collectively referred to as “Body Therapeutics” or the “Center” in this notice, unless specified otherwise.

### ***Our duties with respect to health information about you***

Body Therapeutics is required by law to maintain the privacy of your health information and to provide you with this notice of the Center’s legal duties and privacy practices with respect to your health information

### ***How we may use or disclose your health information***

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers. Treatment also can include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Center may share health information about you with other physicians who are treating you.
- **Payment** includes activities by this Center with health insurance plans to obtain payment for services provided, and to make coverage determinations. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing.
- **Health care operations** include a variety of business activities, such as:
  - Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines.
  - Reviewing the competence or qualifications of health care professionals, and evaluating the practitioner and provider performance.
  - Conducting training programs in which students, trainees or practitioners in areas of health care learn under supervision to practice or improve their skills.
  - Doing accreditation, certification, licensing and credentialing activities.

In all of the above cases, the amount of health information used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. The Center also may contact you to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***Other allowable uses or disclosures of your health information***

In certain cases, your health information can be disclosed to a family member, close friend, or other person whom you identify is involved in your care or payment for your care. If you would like to identify someone as such, and authorize the Center to release information to him or her, your request to the Center must be done in writing.

The Center also is allowed to use or disclose your health information without your written authorization for uses and disclosures required by law, for public health activities, and other specified situations, including:

- Disclosures to Workers’ Compensation or similar legal programs, as authorized by and necessary to comply with such laws,
- Disclosures related to situations involving threats to personal or public health or safety,
- Disclosures related to situations involving judicial proceedings or law enforcement activity,
- Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties,
- Disclosures subject to approval by institutional or private privacy review boards and subject, to certain assurances by researchers regarding necessity of using your health information and treatment of the information during a research project,
- Certain disclosures related to health oversight activities, specialized government or military functions and Health and Human Services investigations

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can’t revoke your authorization if the Center has taken action relying on it. In other words, you can’t revoke your authorization with respect to disclosures the Center has already made.

***Your individual rights***

You have the following rights with respect to your health information that the Center maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

**Right to request restrictions on certain uses and disclosures of your health information and our right to refuse**

You have the right to ask the Center to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Center to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Center to restrict use and disclosure of health information, to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Center must be in writing.

The Center is not required to agree to a requested restriction. If the Center does agree, a restriction may later be terminated by your written request. The Center may also disclose health information about you if you need emergency treatment, even if the Center has agreed to a restriction.

### **Right to receive confidential communications of your health information**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Center will accommodate reasonable requests to receive communications of health information from the Center by alternative means or at alternative locations. If you want to exercise this right, your request to the Center must be in writing and you must include a statement of disclosure of all or part of the information that could endanger you.

### **Right to inspect and copy your health information**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “Designated Record Set.” This may include medical and billing records maintained: enrollment, payment, claims adjudication, and case or medical management record systems. However, you do not have a right to inspect or obtain copies of information compiled for civil, criminal, or administrative proceedings. If you want to exercise this right, your request to the Center must be in writing.

### **Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Center amend your health information in a Designated Record Set. The Center may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete. If you want to exercise this right, your request to the Center must be in writing, and you must include a statement to support the requested amendment.

### **Right to receive an accounting of disclosures of your health information**

You have the right to a list of certain disclosures the Center has made of your health information. This is often referred to as an “accounting of disclosures.” You may receive information on disclosures of your health information going back for six years from the date of your request. You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own health information;
- Incidental to other permitted or required disclosures,
- Where authorization was provided,
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or

If you want to exercise this right, your request to the Center must be in writing. You may make one request in any 12-month period at no cost to you, but we may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

### **Right to obtain a paper copy of this notice from the Center upon request**

You have the right to obtain a paper copy of this Privacy Notice upon request.

### ***Changes to the information in this notice***

The Center must abide by the terms of the Privacy Notice currently in effect. However, the Center reserves the right to change the terms of its privacy policies at any time, and to make new provisions effective for all health information that the Center maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Center’s privacy policies described in this notice, you will be provided with a revised Privacy Notice.

### ***Contact***

If you have any questions about this HIPAA Patient Privacy notification, please contact Jennifer Caron, Lic.Ac., by telephone at 508.853.7500, or in writing at Body Therapeutics, 102 Shore Drive, Suite 104, Worcester, MA 01605.