

KAREN WEST, LMT
Head2toe Bodystretch & Massage
2728 Niagara Falls Blvd, Wheatfield, NY 14304
716/864-9628

PRIVACY NOTICE

Under the Health Insurance and Portability and Accountability Act "HIPAA" there are uses and disclosures of your information that we may perform without your specific authorization because that is the intent of our relationship. We disclose only the minimum amount of **This office may use and disclose your protected health care information for any of the following reasons:**

- To share with other treating health care providers regarding your health care
- To submit to insurance companies, No Fault carriers or Workers Compensation carriers to verify that treatment has been rendered and or receive payment
- To determine client benefits in a health care plan or under No-Faults It or Workers' Compensation
- Release of information required by State or Federal Public Health Law
- In response to a court ordered subpoena for medical records
- To assist in overcoming a language barrier when caring for a patient
- Business associates-obtaining written assurances for your privacy
- Emergency situations
- Abuse, neglect, or domestic violence
- Appointments reminders to household members or answering machines

You have the right to:

- Revoke authorization in writing at any time by specifying our restrictions and to whom these restrictions apply
- Inspect your protected health information
- Obtain an accounting of disclosures of your protected health information
- Render a complaint to this office at 71/864-9628 or the Secretary of Health and Human Services

This office reserves the right to change the terms of this notice and to make new notice provisions for all protected health information that it maintains. A copy may be obtained by request.

I acknowledge that I have received and reviewed this notice with full understanding

Client Name: _____ ***Signature*** _____ ***Date*** _____