

Client _____



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HIPAA NOTICE OF PRIVACY PRACTICES

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

I understand the importance of privacy and am committed to maintaining the confidentiality of your medical information. I use the information from your records to provide (or enable other health care providers to provide) quality care, to obtain payment for services provided to you as allowed by your health plan, and to enable me to meet my professional and legal obligations to operate my practice properly. I am required by law to maintain the privacy of protected health information, and to provide individuals with notice of my legal duties and privacy practices with respect to protected health information. I am obligated to notify affected individuals following a breach of unsecured protected health information.

How I May Use or Disclose Your Health Information

I collect health information about you and store it in a chart within a locked area. This chart is the property of my practice, but the information in the your chart belongs to you. The law permits me to use or disclose your health information for the following purposes:

1. **Treatment:** I use medical information about you to provide your care. I disclose medical information to others who are involved in providing the care you need, but never without your written consent.
2. **Payment:** I use and disclose medical information about you to obtain payment for the services I provide. For example, I give your health insurance provider the information it requires before it will pay me, sharing the minimum amount of information they need in order to make their assessment.
3. **Health Care Operations:** I may use and disclose this information to review and improve the quality of care I provide for supervision purposes within a secure setting. I may use and disclose this information to get your health plan to authorize services or referrals. I may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs.
4. **Required by Law:** As a mandated reporter, the law requires me to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings. This includes suspected elder or dependent adult abuse or domestic violence. I will inform you (or your personal representative) promptly unless in my best professional judgment, I believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

By signing this document, I am signifying that I have received and understand my rights as they pertain to confidentiality of my personal information.

Client's Signature

Date