NOTICE OF PRIVACY PRACTICE
Anita Boser, LMP, CHP Hellerwork Structural Integration

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

Your ease and well-being is an important part of my practice. I want you to understand how the information that I record about your sessions is used and what steps I take to protect your privacy.

This Notice of Privacy Practices describes how I 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. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information
Your protected health information may be used and disclosed by myself, your physician and others outside of my office that are involved in your care and treatment for the purposes of providing health care services to you, to pay your health care bills, to support the operation of your health care providers' operations, and any other use required by law.

Treatment
I will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, I would disclose your protected health information, as necessary, to another health care provider that provides care to you. Your protected health information may be provided to the physician who referred you to me or to ensure that a physician has the necessary information to diagnose or treat you.

Payment
Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for my services may require that I disclose information about you to a health plan. Even if you pay for the session yourself, I may release information if you submit a claim and the insurance company requests information to process the claim.

Health Care Operations
I may use your protected health information in order to support the business activities of my practice. This includes seeking advice from health care professionals who may help me devise treatment plans.

I may use or disclose your protected health information in the following situations as required by law or government regulations: Public Health such as Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors; Organ Donation; Research; Criminal Activity, Military Activity and National Security; Worker's compensation. Under the law, I must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500.

Your Rights

Although your health record is the physical property of Anita Boser Hellerwork, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

My Responsibilities

I am required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to my legal duties and privacy practices with respect to information that I collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if I am unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

By law, I cannot share your information about care or condition, except as described in this notice, to anyone including your spouse without written consent from you. However, I assume that I have your permission to leave messages on your telephone answering machine or voice mail, unless requested by you not to do so. This denial of access must be made in writing.

Incidental Disclosures

While you are in my office, it is possible that yours or other's protected health information may be overheard. I make every effort, and utilize reasonable safeguards to minimize incidental disclosures even though the Privacy rules permit the same.

For More Information or to Report a Problem

If you have questions and would like additional information, please ask me. If you believe that your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services, with the Office for Civil Rights or with me. If you file a complaint, there will be no retaliation against you.

When you sign this consent document, you signify that you agree that Anita Boser Hellerwork can and will use and disclose your health information to treat you, to obtain payment for services, and to perform health care operations. You can revoke this consent in writing at any time unless I have already treated you, sought payment for services, or performed health care operations in reliance upon my ability to use or disclose your health information in accordance with this consent form.

I have read this Notice of Privacy Policy and understand it. I consent to use and disclosure of my health information for purposes of treatment, payment and health care operations.

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Client   Date