

KINETICORE PILATES THERAPY
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty: KinetiCore Pilates Therapy is required by law to maintain the privacy of your Protected Health Information (PHI), to provide you this detailed Notice of our legal duties and privacy practices relating to your health information, and to abide by the terms of the Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all of your health information that we received and maintained, as well as for all health information we receive in the future.

Treatment: We may use and disclose your health information in providing you with treatment and services to other providers involved in your care. For example, we will contact your physician to discuss your plan of care.

Payment: We may disclose your health information for billing and payment purposes. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for services that will be provided to you.

Healthcare Operations: We may use and disclose your health information as necessary for healthcare operations, such as management, personnel evaluation, education and training, and to monitor quality of care. We may disclose your health information to another entity with which you have or had a relationship if that entity requests your information for certain of its healthcare operations or healthcare fraud and abuse detection or compliance activities. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality care and planning for services.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Your Family and Friends: We must disclose your health information to you as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Your Care or Payment of Your Care: We may disclose your health information to a family member, close personal friend, or other person you identify, including clergy, who is involved in your care. Although the property of KinetiCore Pilates Therapy, your patient chart contains your health information about your services and care, and it is your responsibility to protect that information from disclosure to unauthorized persons. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up prescriptions, supplies, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required By Law: We may use or disclose your health information when we are required by law to do so.

Business Associate: We may disclose your health information to a contractor or business associate who needs the information to perform services for KinetiCore Pilates Therapy. Our business associates are committed to preserving the confidentiality of this information.

Abuse or Neglect: We may use and disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Appointment Reminders: We may use and disclose your health information to provide you with appointment reminders via voicemail messages, email, or mail.

PATIENT RIGHTS

Access: You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. Your request must be in writing. In most cases, we may charge a reasonable fee for our costs in copying and mailing your requested information. Authorization, medical records, and patient charts remain the property of KinetiCore Pilates Therapy. We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to your health information, in some cases, you have a right to request review of the denial.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years. If you request this accounting more than once in a 12 month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify, in writing, the alternative means or location, and provide satisfactory explanation how payment will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with KinetiCore Pilates Therapy's Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Officer: Carol Chen Tel: (949) 585-0400 Address: 23 Mauchly, Ste 108, Irvine, CA 92618

The Health Insurance and Accountability Act of 1996 (HIPAA), by federal law, requires that we provide you with a written copy of our Notice of Privacy Practices and obtain your signature acknowledging your receipt of the attached document.

I have received and read KinetiCore Pilates Therapy's Notice of Privacy Practices.

Patient Name: _____

Patient Signature: _____ Date: _____