

# *HEALTH MOVES*

## *"The Way to Wellness"*



### **CONSENT FOR PURPOSES OF TREATMENT (164.506)(a)(b)**

I consent to the use or disclosure of my protected health information by Health Moves PLLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Health Moves PLLC.

I understand that diagnosis or treatment of me by Health Moves PLLC may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Health Moves PLLC is not required to agree to the restrictions that I may request. However, if Health Moves PLLC agrees to a restriction that I request, the restriction is binding on Health Moves PLLC.

I have the right to revoke this consent, in writing, at any time, except to the extent that Health Moves PLLC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Health Moves PLLC Notice of Privacy Practices prior to signing this document.

The Health Moves PLLC Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the [Health Care Provider].

The Notice of Privacy Practices for Health Moves PLLC is also provided at: 17311 135<sup>th</sup> Ave, NE, STE. #C-800, Woodinville, WA 98072.

This Notice of Privacy Practices also describes my rights and duties of Health Moves PLLC with respect to my protected health information.

Health Moves PLLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by calling Health Moves PLLC office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

### **NOTICE OF PRIVACY PRACTICE (164.520)**

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

Health Moves PLLC respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. Examples of use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For Treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your health record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For Payment:

- We request payment from your health insurance plan. Health plans need information from us about your health care.

For Health Care Operations:

- We use your health records to assess quality and improve services.
- We may use and disclose health records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

We may use and disclose your information to conduct or arrange for services, including:

- Health quality review by your health plan;
- Accounting, legal, and insurance services;
- Audit functions, including fraud and abuse detection and compliance programs.

### YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information-except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your health record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. This list will not include disclosures to third party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact: the Office Manager

### OUR RESPONSIBILITIES

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practice regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our (office/health records department) to pick one up.

### TO ASK FOR HELP OR COMPLAIN

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact: **Health Moves PLLC, 17311 135<sup>th</sup> Ave NE, Ste #C-800, Woodinville, WA 98072**

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Health Moves PLLC at our practice/health care facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:



## OTHER DISCLOSURES AND USES OF PROTECTED HEALTH INFORMATION

### Notification of Family and Others

- Unless you object, we may release health information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- [Hospitals] Information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory:
- With health researchers-if the research has been approved and has policies to protect the privacy of your health information. We may also share information with health researchers preparing to conduct a research project.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply with workers' compensation laws if you make a workers' compensation claim.
- For Public Health and Safety purposes as allowed or required by law:
- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
- To public health or legal authorities
- To protect public health and safety
- To prevent or control disease, injury, or disability
- To report vital statistics such as births or deaths.
- To report suspected Abuse of Neglect to public authorities.
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are a victim of a crime.
- For Health and Safety oversight activities. For example, we may share health information with the Department of Health.
- For Disaster Relief Purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For Work-Related Conditions That Could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of U.S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For Specialized Government Function. For example, we may share information for national security purposes

### Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Effective Date: October 3, 2011

### *Notice of Privacy Practices ~ Acknowledgement*

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Privacy Officer.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.



**NOTICE OF PRIVACY PRACTICE SUMMARY  
(164.520)**

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you. Health Moves PLLC uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes, and to evaluate the quality of care that you receive. Health Moves PLLC will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Health Moves PLLC may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues. Health Moves PLLC may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, for organ and tissue donations, research, health and safety, governmental function in order to comply with workers compensation laws and regulations, a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of your health records. You may complain to the Privacy Officer and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. Health Moves PLLC must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

**If you have any questions or complaints please contact the Operations Director at 425.402.9999.**

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I hereby acknowledge that I have received or have been offered a copy of the Health Moves Notice of Privacy Practices. This acknowledgement does not signify that I have read, understand, or agree with all of the uses and disclosures listed in the notice, only that I have received a copy of this notice.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(If signed by a personal representative, please complete the following)

**Personal Representative's name** \_\_\_\_\_

Relationship to the patient: **Parent** \_\_\_\_\_ **Legal Guardian** \_\_\_\_\_ **Power of Attorney** \_\_\_\_\_

Please attach Legal Documentation if you are Legal Guardian or Holder of Power of Attorney

**Witness Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR HEALTH MOVES HEALTHCARE**

**DOCUMENTATION OF ATTEMPT TO OBTAIN WRITTEN ACKNOWLEDGEMENT  
OF THE DELIVERY OF THE NOTICE OF PRIVACY PRACTICES**

I delivered Health Moves Notice of Privacy Practices to this patient or his/her personal representative, but was unable to obtain an acknowledgment of the receipt of Health Moves Notice of Privacy Practices because;

Patient was unable to sign \_\_\_\_\_

Reason \_\_\_\_\_

Patient refused to sign \_\_\_\_\_

Notice of Privacy Practice/Acknowledgment was mailed to patient \_\_\_\_\_

Other \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_