

## NOTICE OF PRIVACY PRACTICES – HIPAA

**THIS STATEMENT GIVES YOU NOTICE REQUIRED BY LAW. THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR PROTECTED HEALTH INFORMATION. This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

As a client of Real Caring Integrative Therapy, a private treatment provider, you are entitled to receive notice about our privacy practices and how we may use and disclose your personal health information in different circumstances. This Notice explains how we may use and disclose your personal health information, the choices and rights you have about how your personal health information may be used and disclosed, and our obligations to protect the privacy of your personal health information.

**Introduction.** When you become a client of Real Caring Integrative Therapy, you provide us with information about your health. Each time you visit us, another record of your visit and what was done is made. Your health record is the information that we use to plan your care, provide treatment and receive payment for our services. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

**Our Responsibilities.** Real Caring Integrative Therapy is required to maintain the privacy of your personal health information and to provide you with a notice about our legal duties and privacy practices with respect to your personal health information. We are also required to accommodate reasonable requests that you make to communicate personal health information by alternative means or at alternative locations. Any time we use or disclose your personal health information, we must follow the terms of this Notice.

### How We Use And Disclose Your Protected Health Information

**Uses and Disclosures for Treatment, Payment and Health Care Operations and Appointments.** We may use your personal health information to provide your treatment, to obtain payment for your treatment and for our internal health care operations. We may use and disclose your personal health information for such purposes in the following ways:

- (1) For Treatment.** We may use and disclose your personal health information to plan, provide and coordinate your health care services. For example, we may use the information you have given us in a staff meeting in order to formulate treatment goals.
- (2) For Payment.** We may use and disclose your personal health information to obtain payment for health care services we have provided to you. For example, we may send a diagnosis to your insurance company in order to receive payment for your treatment.
- (3) For Health Care Operations.** We may use or disclose your protected health information for our health care operations. For example, we may use or disclose your personal health information to perform risk assessments and other administrative tasks to monitor the quality of care that we provide.

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**(4) Other ways we may use your information:** Recommend treatment alternatives, tell you about health services that may benefit you, share information with family or friends directly involved in your care or in paying for your care, remind you of appointments.

**Sharing Your Health Information.** There are limited situations when we are permitted or required to disclose health information without your signed authorization (permission). These situations include: For public health purposes such as reporting communicable diseases, work-related illnesses or other diseases or injuries permitted by law; To protect victims of abuse, neglect or domestic violence; For health oversight activities such as investigations, audits and inspections; For lawsuits and similar proceedings; When required or requested by law or court order; To reduce or prevent a serious threat to public health and safety; For workers' compensation or other similar programs if you are injured at work; For Vocational Rehabilitation Services and other similar agencies if you are requesting assistance; For specialized government functions such as intelligence and national security. Other uses and disclosures not described in this notice require your signed authorization. You may revoke your authorization at any time with a written statement submitted to this office.

**Your Rights.** You have the right to: Request special restrictions on how we use and share your health information – we will consider all requests for special restrictions carefully and are not required to agree to any restriction; Request that we use a specific telephone number or address to communicate with you; Inspect and receive a copy of your health information – fees may apply (under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial); Request an amendment to your health information. All of these requests must be made in writing.

**Changes to Notice.** We reserve the right to change our privacy practices and to alter this Notice according to those changes. In the event that our Notice changes, we will mail or email you a copy of our revised notice.

**Privacy Officer.** Contact our Privacy Officer at the address at the top of this page.