



## **NOTICE OF PRIVACY PRACTICES**

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We have a legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

### **REGISTRATION AND TREATMENT FORMS**

We require all patients/clients to fill out a registration form that includes such items as address, phone numbers and date of birth. This information is used by Ageless for treatment purposes only and will not disclose your personal information to anyone outside this business without your written permission. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; educating you about our services, calling in a prescription for you; referring you to another doctor or therapist. We also require a photo ID that is kept as part of your private information and used only for identification purposes. We routinely use your health information inside our office for these purposes without any special permission.

We routinely take before and after photos of our patients/clients. These photos are part of your confidential file and will not be disclosed to anyone or used for any other purpose than that of follow up with you and your treatment progress.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such disclosures are:

- When a state or federal law mandates that a certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;

- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses or disclosures for health related research;
- Uses and disclosures to prevent a serious threat to health or safety;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures relating to worker's compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

## **APPOINTMENT REMINDERS**

We will call to remind you of scheduled appointments. We may also write or e-mail you of other treatments or services and up-coming events at our office that might be of interest to you. You may always notify us in writing if you would like to be taken off these mailing lists.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can:

- Ask us to communicate with you in a confidential way, such as by calling your cell phone or work number rather than at home;
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking. By law, we can have one 30 day extension. If you want to review or get photocopies of your health information, send a written request to 601 North 34<sup>th</sup> Street, Suite C Seattle, WA 98103.

- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 30 days from when the request was made.
- Get additional paper copies of this Notice of Privacy Practices upon request. If you want additional paper copies, send a written request to Attn: Office Manager 601 North 34<sup>th</sup> Street, Suite C Seattle, WA 98103

### **COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the contact person mentioned in the preceding paragraph. If you prefer, you may discuss your complaint in person or by phone.

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### **ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I have received a copy of Ageless Notice of Privacy Practices.

Printed Name \_\_\_\_\_

Signature: \_\_\_\_\_

Effective date of Notice: \_\_\_\_\_