**Notice of Privacy Practices for Protected Health Information (PHI) and Personal Data**

Refresh Yourself, LLC dba Elements Massage (Bown Crossing)

**THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**!

*Effective Date: January 1, 2014*

This Studio, which is a part of the Elements Massage franchise system, located at 3065 S. Bown Way, Boise, Idaho 83706, is required by applicable federal and state laws to maintain the privacy of your health and other personal information. Personal data refers to any information relating to an identified or identifiable natural person and may be found in various documents, forms, and records in this Studio. Protected health information (PHI) is the information we create and maintain in the course of providing our past, present, or future health care services to you relating to your physical or mental health or condition or payment for such health care services. Such information may include documentation of your symptoms, examination and test results, diagnoses and treatment protocols. It also may include billing documents for those services.

This Studio approaches the privacy and security of PHI and other personal data with a comprehensive program that includes written policies and procedures; education and training of staff; and a reporting and monitoring system to detect and mitigate violations. The program addresses privacy, data subject rights, and security.

This Studio will protect the privacy of personal data and PHI and use and disclose personal data and PHI only as permitted by applicable federal and state law.

By way of example and not limitation, we are permitted by federal privacy law (the Health Insurance Portability & Accountability Act of 1996 (HIPAA)), to use and disclose your PHI, without your written authorization, for purposes of treatment, payment, and health care operations.

**Examples of Using Your Health Information for Treatment Purposes:**

• Our massage therapist obtains treatment information about you and records it in your client record.

• During the course of your treatment, the massage therapist determines he/she will need to consult with a specialist. He/She will share the information with the specialist and obtain his/her input.

• We may contact you by phone, at your home, if we need to remind you of massage appointments.

**Example of Using Your Health Information for Payment Purposes:**

• We submit requests for payment to your health insurance company. We will respond to health insurance company requests for information from about the massage services we provided to you.

**Example of Using Your Information for Health Care Operations:**

• We may use or disclose your PHI and personal data in order to conduct certain business and operational activities, such as quality assessments, employee reviews, or student training. We may share information about you with our Business Associates, third parties who perform these functions on our behalf, as necessary to obtain their services.

**Your Health Information Rights**

**The health and billing records we maintain are the physical property of this Studio. The information in them, however, belongs to you. You have a right to:**

• Obtain a paper copy of our current Notice of Privacy Practices for PHI and Personal Data (the “Notice");

• Receive Notification of a breach of your unsecured PHI or personal data;

• Request restrictions on certain uses and disclosures of your health information. We are not required to grant most requests, but we will comply with any request with which we agree. We will, however, agree to your request to refrain from sending your PHI or personal data to your health plan for payment or operations purposes if at the time an item or service is provided to you, you pay in full and out-of-pocket;

• Request that you be allowed to inspect and copy the information about you that we maintain in the designated record set of this Studio. You may exercise this right by delivering your request, in writing, to this Studio;

• Appeal a denial of access to your PHI and Personal Data, except in certain circumstances;

• Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to this Studio. We may deny your request if you ask us to amend information that (a) was not created by us (unless the person or entity that created the information is no longer available to make the amendment), (b) is not part of the health information kept by this Studio, (c) is not part of the information that you would be permitted to inspect and copy, or (d) is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be placed in your record;

• Request that communication of your health information be made by alternative means or at alternative locations by delivering a written request to this Studio;

• If we engage in fundraising activities and contact you to raise funds for this Studio, you will have the right to opt-out of any future fundraising communications;

• Obtain a list of instances in which we have shared your health information with outside parties, as required by the HIPAA Rules.

• Revoke any of your prior authorizations to use or disclose information by delivering a written revocation to this Studio (except to the extent action has already been taken based on a prior authorization).

• Authorize the release of PHI and personal data to third parties.

**Our Responsibilities**

**This Studio is required to:**

• Maintain the privacy and security of your health information as required by law;

• Notify you following a breach of your unsecured PHI or personal data in accordance with applicable state and federal law;

• Provide you with a Notice describing our duties and privacy practices with respect to the information we collect and maintain about you and abide by the terms of the Notice;

• Notify you if we cannot accommodate a requested restriction or request; and,

• Accommodate your reasonable requests regarding methods for communicating with you about your health information and comply with your written request to refrain from disclosing your PHI and personal data to your health plan if you pay for an item or service we provide you in full and out-of-pocket at the time of service.

Additionally, this Studio will maintain reasonable and appropriate administrative, technical and physical safeguards to protect the integrity, security, and availability of PHI and personal data, and to guard against reasonably anticipated threats to the integrity, security, and availability of PHI and personal data.

We will inform all of our staff members of their obligation to report uses and disclosures of personal data that potentially violate this policy, related policies, and applicable state and federal law. Staff members will also be informed of the penalties that may apply for failure to comply with the policies and procedures outlined within this Notice.

This Studio will take appropriate action to ensure that our subcontractors and agents take all necessary steps to protect the security of PHI and personal data they obtain from or create on behalf of this Studio.

This Studio will mitigate, to the extent practicable, any harmful effects that are known to us resulting from a use or disclosure of PHI and personal data by us in violation of this Studio’s policies or applicable state and federal law.

This Studio reserves the right to amend, change, or eliminate provisions of our privacy practices and to enact new provisions regarding the PHI and personal data we maintain about you.

This Studio will monitor changes in the law on an ongoing basis and ensure that policies are revised or created as necessary to comply with applicable changes. If this Studio’s information or practices change, we will amend our Notice. You are entitled to receive a copy of the revised Notice upon request by phone or by visiting this Studio.

**Other Uses and Disclosures of your PHI and Personal Data**

**Communication with Family**

• Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for care, if you do not object or in an emergency. We may also do this after your death, unless you tell us before you die that you do not wish us to communicate with certain individuals.

**Notification**

• Unless you object, we may use or disclose your PHI and personal data to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, your general condition, or your death.

**Disaster Relief**

• We may use and disclose your PHI and personal data to assist in disaster relief efforts.

**Workers’ Compensation**

• If you are seeking compensation from Workers Compensation, we may disclose your PHI and personal data to the extent necessary to comply with laws relating to Workers Compensation.

**Public Health**

• We may disclose your PHI and personal data to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; or to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

**As Required by Law**

• We may disclose your PHI and personal data as required by law, or to appropriate public authorities as allowed by law to report abuse or neglect.

**Employers**

• We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of the release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of information to your employer.

**Law Enforcement**

• We may disclose your PHI and personal data to law enforcement officials (a) in response to a court order, court subpoena, warrant or similar judicial process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) if you are a victim of a crime and we are unable to obtain your agreement; (d) about criminal conduct on our premises; and (e) in other limited emergency circumstances where we need to report a crime.

**Health Oversight**

• Federal law allows us to release your PHI and personal data to appropriate health oversight agencies or for health oversight activities such as state and federal auditors.

**Judicial/Administrative Proceedings**

• We may disclose your PHI and personal data in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

**For Specialized Governmental Functions or Serious Threat**

• We may disclose your PHI and personal data for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, to public assistance program personnel, or to avert a serious threat to health or safety. We may disclose your PHI and personal data consistent with applicable law to prevent or diminish a serious, imminent threat to the health or safety of a person or the public.

Other uses and disclosures of your PHI and personal data not described in this Notice will only be made with your authorization, unless otherwise permitted or required by law. Most uses and disclosure of psychotherapy notes, uses and disclosures of your PHI for marketing purposes, and disclosures of your PHI and personal data that constitute a sale of PHI and personal data will require your authorization. You may revoke any authorization at any time by submitting a written revocation request to this Studio (as previously provided in this Notice under "Your Health Information Rights.")

**To Request Information, Exercise a Right, or File a Complaint**

If you have questions, would like additional information, want to exercise a right described above, or believe your (or someone else’s) privacy rights have been violated, you may contact this Studio’s Privacy Officer in writing at 3065 S. Bown Way, Boise, Idaho 83706 (Attn: Privacy Officer).

Please note that all complaints must be submitted in writing to the Privacy Officer at the above address. The Privacy Officer’s responsibilities under this Notice shall include, but not be limited to, supervising and monitoring the development of written policies and procedures and overseeing the programs and mechanisms used to comply with this policy.

You may also file a complaint with any applicable state agency or the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR). Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail. You may find the address for the OCR at: Office for Civil Rights, U.S. Department of Health and Human Services, www.hhs.gov; or call 1-877-696-6775. More information regarding the steps to file a complaint can be found at: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

• We cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS or an applicable state agency as a condition of receiving treatment or services from this Studio.

• We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS or an applicable state agency.