

NOTICE OF PRIVACY PRACTICES

April 8, 2009

This notice is to all EVOLUTION pilates & nutrition clients. This notice is for your information only. You do not need to take any action as a result of this notice.

Notice of Privacy Practices

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

This notice tells how **EVOLUTION pilates & nutrition** may use or release your health information. It also tells about your rights and **EVOLUTION pilates & nutrition** requirements about the use and release of your health information. Your health information will not be shared without your written authorization except as described in this notice, or when required or permitted by law. If you give us your written authorization, you may change your mind by telling us in writing. **EVOLUTION pilates & nutrition** may change its privacy practices and make the new privacy effective for all protected health information we maintain. Any new Notice of Privacy Practice will be posted in the Patient Registration area, posted on our web site (www.evolutionri.com), and made available at your next appointment.

Our Responsibilities and Commitment to You

We understand that your health care information is personal. We take our responsibility to keep personal health information private very seriously. We are committed to following all state and federal laws that protect your health information. We are required to protect your health information, tell you about your rights to your health information, and to give you this notice explaining our responsibilities and the ways we use and share your health information.

Use and Disclosure of Your Health Information

EVOLUTION uses medical records as a way of recording health information and planning care and treatment. We use your health information to pay for services provided to you by your health care provider, for health care operations, and to evaluate the quality of services you receive. While we cannot describe all cases related to the use of your health information, the following are some common examples of how we use your personal health information:

- We will use medical information to establish a treatment plan.
- We may disclose protected health information to another provider for treatment.
- We may use your health information to review the care and outcome of your treatment and to compare the outcomes of other people who received the same or similar treatment. We use this information to improve the quality and effectiveness of health care services.
- We will disclose health information about you when it is required to do so by federal, state, or local law enforcement.
- We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or

another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- If you are member of the armed forces or separated / discharged from military services, we may release health information about you as required by military command authorities of the Department of Veterans Affairs as may be applicable. We may also real ease health information about foreign military personnel to the appropriate foreign military authorities.
- We may disclose health information to health oversight agency for activities authorized by law (i.e. audits, investigations, inspections, or licensure). These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

Your Health Information Rights

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care (i.e. health and billing records). To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to **Jen Morin, Executive Director**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that health information we have for you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to **Jen Morin, Executive Director**, and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition, you must provide a reason that supports your request for this amendment.
 - *We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:*
 - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the health information kept by or for our practice;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

- **Right to an Accounting of Disclosures.** You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described. To request this list of disclosures, you must submit your request in writing to Jen Morin, Executive Director. Your request must state a time period which may not be longer than six years. The fist list you request within a 12 month period will be free. For additional lists, we may charge a free for the costs of

providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we will be able to complete the request; but this date will not exceed a total of 60 days from the date you made the request.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care of the payment for your care (i.e. family member or friend). ***We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must submit your request in writing to ***Jen Morin, Executive Director***. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must submit your request in writing to ***Jen Morin, Executive Director***. We will not ask the reason for your request; we will accommodate all reasonable requests (i.e. only contact via post office box or cellular phone). Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice at any time. At the time of your initial visit, it is required that you receive/have the opportunity to review a copy of the privacy policy. To obtain a copy, please send a request in writing to ***Jen Morin, Executive Director***. You may also obtain a copy of this notice via electronic mail by sending a request to jen@evolutionri.com. Even if you have retained a copy electronically, you still reserve the right to receive a paper copy upon request.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact ***Jen Morin, Executive Director***. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us

permission to use or disclose health information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided to you.

Acknowledgement of Receipt of this Notice

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date. This acknowledgment will be filed with your records.

Note: All requests about your health information must be in writing and sent to **Jen Morin, Executive Director** at the address listed in the contact information section at the end of this notice.

Contact Information or Filing a Complaint

If you have a complaint about our health information practices or believe we have violated your privacy rights, please submit a complaint to **Jen Morin, Executive Director EVOLUTION pilates & nutrition** at the following address. **All complaints must be submitted in writing.**

**EVOLUTION pilates & nutrition
Attn: Jen Morin**

**685 Metacom Avenue
Bristol, Rhode Island 02809
(401) 396-9331**

You can also file a complaint with the Department of Health and Human Services at the following address:

**RI Department of Human Services
HIPAA Privacy Office
600 New London Avenue – Bld. #57
Cranston, RI 02920
(401) 462-6312**

We will never take action against you for filing a complaint and it will not impact the health care services provided to you.