**The Bodyworks Clinic**

**424 West Mill Street**

**Cannon Falls, MN 55009**

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**507-263-2393**

**Bwclinic.com**

**Patient Privacy Policy, Acknowledgement and Consent**

**Health Information Privacy Practices Act (HIPAA)**

This notice is intended to inform you of the Body Works Clinic policies and practices regarding your personal medical records. Specifically, it details the ways in which your medical records may or may not be disclosed to third parties. This is a summary of our full “Notice of Patient Privacy Policy”. A copy will be provided to you upon request.

**Permitted disclosures:**

Under certain circumstances, medical information may be disclosed without obtaining your authorization:

**1) Providing treatment and coordinating care with other health care providers**. For example, if we refer you to another healthcare provider, we will need to forward some of your medical records.

**2) Insurance processing**. Some health plans will review your records to determine eligibility and payment.

**3) Emergency situations.** When it may not be possible to safely delay care until an authorization has been obtained.

**4) Under certain circumstances required by law**. State and/or federal agencies can have access to your records such as The Minnesota Department of Health, CDC, NIH, FDA, Department of Justice, NSI, Minnesota Workers’ Compensation, etc.

Any other use or disclosure other than the above permitted disclosures can only be made with your written authorization, including re-disclosure of psychotherapy notes on file, use for marketing and fundraising purposes.

**Email**:

**1)** In the event of an email exchange between you and the Body Works Clinic, the information that is sent can be secured by using text verification in Gmail Confidential or password protection in Microsoft Word, however the information is not encrypted. This means a third party may still be able to intercept and read the information while it is being transmitted over the internet.

**2)** Email is a very popular and convenient way to communicate for a lot of people. As a result, the Federal Government has provided new guidance on the issue of email and HIPAA compliance in their latest modification to HIPAA.

**3)** The information is available in a pdf (page 5634) on the U.S. Department of Health and Human Services website-http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf.

**4)** The guidelines state that if a patient has been made aware of the risks of unencrypted email, and that same patient provides consent to receive health information via email, then a health entity may send that patient personal medical information via unencrypted email. By initiating contact or requesting contact via email, you are consenting to the small but inherent risk of an email security breach.

\_\_\_\_\_ **Option 1- ALLOW UNENCRYPTED EMAIL**

I understand the risks of emailing personal information. The Body Works Clinic does not use your email for marketing purposes, and you will be aware if we email information to you. (Please note this is not consent for emailing billing statements.)

**\_\_\_\_\_ Option 2- DO NOT ALLOW UNENCRYPTED EMAIL**

I do not wish to receive any type of communication via email.

**You also have the following rights:**

 **-Review and inspect your medical records.** There is a nominal cost associated with

 providing you with copies of your records, either in paper or electronic format.

**-Request in writing that your medical records be amended if you feel they are**

 **incorrect**.

 The office has 60 days to accept or deny your request in writing.

 **-Receive a log of the disclosure of your records.**

 **-Revoke or restrict any authorizations previously made.**

 **-Receive automatic notification of any breach of your PHI.**

 **-Lodge a complaint to appropriate authorities if** you feel that your privacy rights have

 been violated without fear of retaliation.

**I have read, understood, and acknowledged the Body Works Clinic Patient Privacy Policy and consent to use according to the terms above.**

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_