



## Notice of Privacy Practices

Please read carefully. **Sign and date at bottom of page 2.**

This Notice is provided to inform you of federal law covered in the Health Insurance Portability and Accessibility Act of 1996 and its implementation regulations (HIPAA), updated to the 2013 HITECH Omnibus Rule requirements. Although Karen F. Harris, MD is not a provider for any insurance program, other regulatory agencies have similar privacy rules.

This Notice describes how Real Relief Myofascial Release, LLC may use and disclose your medical information and how you can access it.

A short Summary that lists Your Rights, Your Choices, and My Uses and Disclosures is followed by a more detailed Description of each item in those three categories, as well as additional information regarding My Responsibilities and How to File a Complaint.

\*\*\*\*\*

### SUMMARY

#### **YOUR RIGHTS**

You have the right to:

- Get a copy of or correct your paper medical record (Karen Harris, MD does not use electronic medical records or store your medical records electronically)
- Request confidential communication
- Get a list of those with whom your information has been shared
- Get a copy of this Notice of Privacy Practices
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **YOUR CHOICES**

You have some choices in how your information is used and shared as Dr. Harris:

- Tells others that you authorize about your treatment and/or your account
- Provides relief in a disaster situation

#### **USES AND DISCLOSURES by Dr. Harris**

Dr. Harris may use and share your information as she:

- Treats you
- Bills you and receives payment
- Operates her practice
- Complies with the law

\*\*\*\*\*

### DESCRIPTION

#### **YOUR RIGHTS**

When it comes to your health information, you have certain rights.

The section below explains each of your rights listed in the summary above and some of Dr. Harris's responsibilities to help you.

##### **Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of your paper medical record and other health information.

For a cost-based fee, I will provide a copy or a summary of your health information, usually within 30 days.

##### **Ask Dr. Harris to correct your medical record**

You can ask Dr. Harris to amend health information about you that you think is incorrect or incomplete.

She may say "no" to your request, but will tell you why in writing within 30 days.

##### **Request confidential communications**

You can ask Dr. Harris to contact you, or *not* contact you in specific ways (for example, a particular phone number, text, email or mailing address).

She will agree with all reasonable requests.

##### **Ask Dr. Harris to limit what she uses or shares**

You can ask her not to use or share certain health information for treatment, payment, or the operations of her practice.

She is not required to agree to your request; she may say "no" if it would affect your care or cause difficulty running her practice or her business.

##### **Get a list of those with whom she has shared information**

You can ask for a list of the times she has shared your health information for the past six years, who she shared it with, and why.

She will provide one accounting a year for free, but will charge a cost-based fee for others.

##### **Get a copy of this privacy notice**

You can ask Dr. Harris for a paper or electronic copy of this notice at any time.

##### **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Dr. Harris will ensure that the person has this authority before she takes any action.



## **YOUR CHOICES**

For certain health information, you can tell Dr. Harris your choices about if and what she shares with your family, close friends, or others involved in your care or in a disaster relief situation.

If you have not and are not able to tell her your preference, she may share your information if she believes it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.

You can authorize others to receive your health information by completing a form: Authorization to Disclose Confidential Information

## **Dr. Harris's USES AND DISCLOSURES**

Dr. Harris typically will only use or share your health information to schedule your appointments, to contact you about appointments and information about your treatment, to bill you and receive payment, to communicate with other healthcare professionals who are treating you, and to run her practice, including notifying you of any practice changes. These may involve working with attorneys or accountants, who are required to maintain confidentiality.

Be aware that Zelle payments are not HIPAA-compliant, should you choose to use them to pay for your treatments.

Also, Dr. Harris is allowed, or required by law, to share your information in other ways that contribute to the public good, such as public health and safety, helping with product recalls, reporting suspected abuse, neglect, or domestic violence, reporting adverse reactions to medications, complying with the law, work with a medical examiner or health oversight agencies for activities authorized by law, or to respond to lawsuits and legal actions.

See: [www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/index.html)

## **Dr. Harris's RESPONSIBILITIES**

- She is required by law to maintain the privacy and security of your protected health information.
- She will let you know as soon as possible if a breach occurs that may have compromised the privacy or security of your information.
- She must follow the duties and privacy practices described in this notice and give you a copy of this notice.
- She will not use or share your information other than as described here, unless you tell her that she can, in writing.

If you tell her that she can, you may change your mind at any time, in writing.

- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **HOW TO FILE A COMPLAINT**

- If you feel your Privacy Rights have been violated, please speak with Dr. Harris. She will promptly notify you of the actions she will take.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting the following web page: <http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>
- Dr. Harris will not retaliate against you for filing a complaint.
- You may make complaints directly to her (by mail, phone, email, or by speaking with her) or to the Secretary of the U.S. Department of Health and Human Services ("DHHS") if you believe your rights have been violated.
- She will review all complaints in a professional manner and keep you informed of your rights as her patient.
- To contact DHHS: 200 Independence Avenue S.W., Washington, D.C. 20201, 1-877-696-6775
- To contact Dr. Harris: See contact information at bottom of this page.

## **FUTURE CHANGES TO THE TERMS OF THIS NOTICE**

If the law changes, Dr. Harris will change the terms of this notice, and the changes will apply to all information she has about you.

The new notice will be provided to you.

Patient-Client Name \_\_\_\_\_ (*sample form only*) \_\_\_\_\_ Date \_\_\_\_\_ (*sample form only*) \_\_\_\_\_

Patient-Client Signature \_\_\_\_\_ (*sample form only*) \_\_\_\_\_ Date \_\_\_\_\_ (*sample form only*) \_\_\_\_\_

**Karen F. Harris, MD    KarenHarris@RealReliefMFR.com    727-315-0407**  
**14004 Roosevelt Boulevard, Suite 612, Clearwater, Florida 33762**  
**[www.RealReliefMyofascialRelease.com](http://www.RealReliefMyofascialRelease.com)**