

Summary Notice of Privacy Practices

The Healing Arts Partnership

4744 41st Ave. SW #102; Seattle, WA 98116

Office: 206-932-0880 FAX: 206-932-3738

We are required by federal law to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and our obligations under federal and state privacy laws.

Uses And Disclosures

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- To provide information about your health condition to others who may treat you;
- To provide information about the treatment that we provided in order to obtain payment from your health plan;
- To report a communicable disease, domestic violence or criminal activity; or
- To comply with a court order requiring the disclosure of your medical record.

These are just a few examples. For a full description of the uses and disclosures that we are permitted to make, consult the Notice of Privacy Practices.

YOUR RIGHTS

While the records that we maintain about you belong to us, under the federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance you have the right to access and copy the health information that we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. Also, you may request that we provide you with a list of each disclosure that we have made of your health information. All of these rights are subject to some exceptions that are described fully in the Notice.

OUR OBLIGATIONS

We are required to provide you with our Notice of Privacy Practices and to abide by its terms. We may amend the Notice from time to time. All amendments apply retroactively.

Our full Notice of Privacy Practices is attached or enclosed. Please read it carefully. If you have any questions or require additional information, please contact: Marty Ross, MD at 206-932-0880.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 206-932-0880 or by requesting one at this office.

Printed name of client: _____

Signature of client or representative: _____

Date: _____

Representative relationship to client: _____