

Boulder College of Massage Therapy – Student Clinic

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.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways your medical information may be used.

2. OUR LEGAL DUTY

The law requires us to:

1. Keep your medical information private.
2. Give you this notice describing your legal duties, and your rights regarding your medical information
3. Follow the terms of this notice that is now in effect.

We have the right to:

1. We may need to change our policies at some time in the future. Before we make significant changes in our policies, we will provide you with a revised copy of this notice. The terms of the new notice will be effective for all medical information that we keep, including information previously created or received before the changes.
2. You may request a copy of our notice at any time.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

1. For treatment: We may use medical information about you to provide you with clinic treatment. This information may be disclosed to assist student practitioners, clinic supervisors, or others providing treatment to you.
2. For Student Clinic Operations: We may use or disclose your medical information for evaluating the performance of our students.
3. Notification: We may use or disclose your medical information to notify or help notify a family member or personal representative in the event you become ill or need assistance. We will share information about your location and general condition.
4. Court Orders and Judicial and Administrative Proceedings: We may disclose your medical information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances.
5. Research in limited circumstances: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look at or get copies of your medical information. You must make your request in writing, using the appropriate form. Please check with the Clinic Manager or the Privacy Officer for the required form.
2. Receive a list of instances where we have disclosed health information about you for reasons other than treatment. (For example, a subpoena.)
3. Request that we place additional restrictions on our use or disclosure of your medical information. We will consider your request, but are not obligated by law to agree to the restrictions.
4. Request that we change your medical information. If you believe that information within your records is incorrect or if important information is missing, you have a right to request that we correct the existing information or add the missing information.
5. Request confidential communications. You have a right to receive confidential communications containing your health information. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
6. Have a paper copy of this notice.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us as listed here: HIPAA Privacy Policies Privacy Officer, Boulder College of Massage Therapy, 6255 Longbow Drive, Boulder, Colorado 80301 or phone 303-530-2100. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed above can provide you the appropriate address upon request or you may visit www.hhs.gov/ocr for further information.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES:

Your name printed

Your signature

Date