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# Protecting Your Health Information

## What are your health records ?

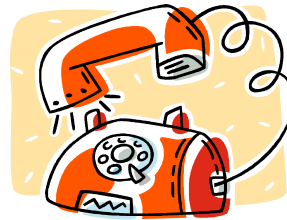
- Any personal information that can identify you
- Chart notes
- Payments and checks
- Progress notes
- Letters to your referring doctor or other health care providers
- Correspondence with your attorney, if you have one
- Your insurance information and benefit explanations
- Your referral or prescription
- Any documentation we make regarding your massage treatment and payments

## Ask Questions or Report a Problem

### Please ask us questions !

If you have any concerns, please contact our Privacy Manager,

P. Leilani Berry, LMP at  
206-248-2001.



If you believe your privacy rights have been violated, you can file a complaint with the

Office for Civil Rights  
U.S. Department of Health and  
Human Services  
200 Independence Av. S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

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## Your Privacy and Your Rights

By the office of P. Leilani Berry, LMP  
Therapeutic Massage & Pampering



[WWW.LEILANIMASSAGE.COM](http://WWW.LEILANIMASSAGE.COM)

**POB 88798  
TUKWILA, WA 98138  
TEL 206-248-2001  
FAX 431-5428**

## What are your rights ?

You can both see and get a copy of your file and medical records.

You can make a change or addition to the file.

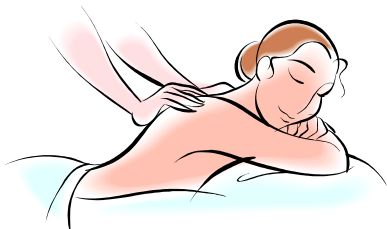
You can withdraw or take back your ok for us to share your information.

You can make special requests on how and with whom we give out your information.

You can file a complaint; see the back of this brochure.

## Our policies to protect your records

We are committed to providing you the best service possible and that includes taking care of your personal information.



We consider the security of your records and privacy very important.

*Anyone we work with who might be able to see your file for photocopying, billing, or clerical work, must be trained on our privacy and security rules and must agree to them in writing.*

It is our responsibility to:

- keep your records private
- give you this notice
- follow these terms
- accommodate any special requests you may have on how and with who we give your information
- and notify you if we are unable to follow a special request.

An example of a request:

If you would prefer not to get mail, emails or reminder phone calls from our office, please just let us know.

206-248-2001

We still require 24 hours notice to reschedule or cancel an appointment.

## Who can see your records without your written ok ?

To the extent necessary to follow the law, we may give out health information to workers compensation or similar programs, public health or legal authorities who prevent and control disease, injury, or disability, and law enforcement.

If we commit a crime or endanger patients, workers, or the public, an overseeing health agency would potentially be able to get your file for your protection.