



**Notice of Privacy Practices:
 Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

At this office, I am required by law to maintain your private health information (PHI) confidential and private. I am also required to give you this notice and to follow the terms of this notice. The HIPAA law permits me to use or disclose your health information to those involved in your treatment. For example, a specialist doctor whom I may involve in your care may conduct a review of your file. I may disclose your health information for payment of your services. For example, I may be required to send a report of your progress to your insurance company. I may use or disclose your health information for normal healthcare operations. For example, one of my staff may enter your information into our computer. I may use your health information to contact you. For example, I may send you information. I may contact you via email. Also, I may call you. If you are not home, I may leave information on your voicemail or with the person who answers the phone. In an emergency, I may disclose your health information to a family member or another person responsible for your care. I may release some or all of your health information when required by law; including legal proceedings, cases of child or dependent adult abuse or neglect, and cases of imminent danger to self or others.

Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that I not use or disclose your health information as described above. I will let you know if I can fulfill your request. You have the right to know of any uses or disclosures I make with your health information beyond the above normal uses. As I may need to contact you from time to time, I will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. I will mail your files for you. Please provide a written request regarding the information you want to have sent. If you want a copy of your records, a reasonable fee may be charged for the copies. You have a right to request an amendment or change to your health information. Please provide your request in writing. If you wish to include a statement in your file, please provide it in writing. I may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, I will not remove nor alter earlier documents, but will add new information. You have the right to receive a copy of this notice. If I change any details of this notice, I will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services, 200 Independence Ave., S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint or for more information or assistance regarding your health information privacy, please contact Holley Kaskel, Psy.D. at 425-996-8592, at drholley@urbanoasisyoga.com or at the address at the top of this notice.

This notice goes into effect February 19, 2010.

ACKNOWLEDGEMENT: I have read and received a copy of Dr. Holley Kaskel's Notice of Privacy Practices.

Signature of Client or Legal Guardian

Date

Name of Client or Legal Guardian (Please print)