

Deanna Galkin-Doran

YTRx-800c, POLY-500,

E-RYT 500, BSM, MBA

Therapeutic Yoga

Pain & stress reduction

Yoga of Recovery

Ayurveda & Yoga

Lifestyle Counseling

[www.AtmaDayaYoga.com](http://www.AtmaDayaYoga.com)

[parameshwari@](mailto:parameshwari@)

[parameshwariyoga.com](mailto:parameshwariyoga.com)

tel 310 749 8055

fax 310 645 4445

## NOTICE OF PRIVACY PRACTICES / HIPAA

*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.*

Yoga with Parameshwari is committed to maintaining the privacy of our clients and protecting their private health information. Every attempt will be made to ensure that your medical record and protected health information is kept confidential. Any breach in confidentiality will be considered a serious offense.

This privacy notice may change to more completely protect our clients' confidentiality. In the event of a change in the policy, the patient will be notified at the time of their next appointment and will be given the opportunity to review the modifications that have been made in the privacy notice.

### Uses and Disclosure of Protected Health Information<sup>1</sup>:

- ॐ **Treatment:** the provision of health care by, or coordination of health care among Health Care Providers; the referral of a patient from one provider to another; or the coordination of health care or other services among Health Care Providers and third parties authorized by the Health Plan of the individual.
- ॐ **Payment:** activities undertaken by a health plan (or by a business associate of a health plan) to determine its responsibilities for coverage under the health plan policy or contract (including actual payment) or by the Yoga with Parameshwari (or business associate) to obtain reimbursement for the provision of health care.
- ॐ **Health Care Operations:** activity of the Yoga with Parameshwari to the extent the activity is related to covered functions. Health care operations include but are not limited to quality assessment and improvement; review of the competency or qualifications of health care professionals; underwriting and experience rating in connection with the renewal of an existing contract of insurance, with respect to individuals who are already enrolled in the Health Plan; medical review and auditing; compiling or analyzing information in anticipation of or for use in a civil or criminal legal proceeding; business planning and development; management activities.
- ॐ **Appointment reminders:** if you do not wish to have a reminder of an upcoming appointment left with anyone other than yourself, please notify your treating health care provider <sup>2</sup>

<sup>1</sup>Health information means any information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual or the past, present or future payment for that provision of health care to an individual. Health information is protected health information if it is created or received by a covered entity; related to an individual's physical or mental health condition, the provision of health care to an individual or the payment for the provision of health care to an individual and identifies the individual or creates a reasonable basis to believe that information, including demographic information, can be used to identify the individual.

<sup>2</sup>Any person or organization that furnishes, bills, or is paid for health care services or supplies in the normal course of business. Members of the health provider workplace include employees and volunteers

**Additional Uses and Disclosures of Protected Health Information:**

- ॐ **Required by Law:** if the courts for any reason subpoena the records, the records will be provided as ordered.
- ॐ **Public Health Activities:** includes but is not limited to the case of mass epidemic
- ॐ **Abuse, Neglect, or Domestic Violence:** healthcare providers are required by law to furnish information to authorities when a case of abuse, neglect or domestic violence is suspected.
- ॐ **Law Enforcement:** information may be provided to a confirmed law enforcement agent at their request.
- ॐ **Coroners, medical examiners and funeral directors**
- ॐ **Organ and tissue donations**
- ॐ **Research**
- ॐ **Serious threats to health or safety**
- ॐ **Specialized government functions**
- ॐ **Worker’s Compensation**

**Clients Rights:**

- ॐ **Requesting Restrictions:** the patient has the right to restrict which entities are entitled to Protected Health Information and may restrict which information is released.
- ॐ **Confidential Communication:** all measures will be taken by the staff of the Yoga with Parameshwari to ensure no protected health information is revealed in written or oral form to any unauthorized individual or company.
- ॐ **Inspection and copies:** the patient has the right to inspect their medical record and to have personal copies (at a reasonable fee) of the medical record.
- ॐ **Amendment:** the patient has the right to request an amendment to the medical record if they feel that something has been recorded in error.
- ॐ **Accounting of Disclosures:** the patient has the right to know when and to whom protected health information has been disclosed.
- ॐ **Right to paper copy of Notice:** the patient may request a copy of the Privacy Notice for their personal use.
- ॐ **Right to File a Complaint:** the patient has the right to file a complaint if they feel their privacy has been violated.
- ॐ **Right to provide an authorization for other uses and disclosures:** the patient may sign a release allowing the Yoga with Parameshwari to disclose Protected Health Information to any individual or company as designated.

Patient refused to sign

Patient was unable to sign

because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement of Privacy Practices**

“I hereby acknowledge that I have read the Yoga with Parameshwari Notice of Privacy Practices. I understand that a copy of this is available to me online or at the clinic upon request. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed below. I further understand that the practice will offer me updates to this Notice of Privacy Practices should it be amended, modified, or changed in any way.”

\_\_\_\_\_  
PATIENT OR REPRESENTATIVE NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT OR REPRESENTATIVE SIGNATURE

**Contact Person:** Deanna ‘Parameshwari’ Galkin-Doran