PUSHING BOUNDARIES

Exercise, health and hope for people with paralysis

Privacy Practices

This Notice of Privacy Practices describes how we may use and disclose your health information to carry out treatment, collect payment, and for other purposes that are permitted or required by law. It also describes your rights to access and control your health information. "Health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services.

Uses and Disclosures of Health Information

Pushing Boundaries may use your personal health information for treatment, obtaining payment for treatment, evaluating the quality of care as well as for internal administrative activities.

Pushing Boundaries may use your personal health information without prior authorization for public health purposes, auditing purposes and for emergencies. We also must comply if required by law.

For anything other than the above purposes, Pushing Boundaries must obtain your written authorization before disclosing your personal health information.

Pushing Boundaries reserves the right to charge designated third parties for copies of your healthcare information in compliance with charges outlined in WAC 246-08-0400.

Pushing Boundaries has the right to change its policy at any time. If this should occur, you will be notified of this change. You may request a copy of our privacy practices at any time.

Client's Rights

You have the right to inspect and obtain a copy of your personal health information at any time. You have the right to amend in writing any incorrect or incomplete information in your records. You have the right to know to whom we have disclosed your personal health information.

You have the right to request, in writing, changes and amendments to permissions granted regarding your health information. Pushing Boundaries maintains the right to disclose your personal health information when required by law or for emergency purposes.

_____

Client Name (Please Print)

_____ _____

Client Signature *Date*

_____ _____

Legal Guardian or Caretaker (Please Print) *Relationship*

_____ _____

Legal Guardian or Caretaker Signature *Date*

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