

HIPAA 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.

We understand that your personal health information is very sensitive and are committed to protecting your privacy. We will not disclose your information unless you tell us to do so, or unless the law authorizes or requires us to do so. Our providers create a record of the care, services and assessments you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the health related records of your care generated by PRO Medical, The Spa, Medical Spa and affiliate programs, whether made by your personal treating practitioner or others working within PRO Medical.

The logo for PRO CLUB, featuring the word "PRO" in a large, bold, sans-serif font above the word "CLUB" in a smaller, spaced-out, sans-serif font.

Our Legal Responsibilities

- Keep your protected health information private;
- Give you this Notice, and
- Follow the terms of the Notice that is currently in effect.

Uses and Disclosures of Protected Health Information

- For Treatment
- For Payment
- Check-in at the front desk for non-members of PRO Medical
- For health care operations
- For appointment reminders
- As required by Law
- To avert a serious threat to health and safety
- As required by the Military, Veterans Administration or Workers Compensation authorities
- To avoid public health risks
- To provide health oversight activities
- As required for lawsuits and disputes
- In support of law enforcement
- As requested by coroners, health examiners and funeral directors
- To comply with National Security and Intelligence activities
- As required to provide Protective Service for the President and others

The logo for PRO MEDICAL, featuring the word "PRO" in a large, bold, sans-serif font above the word "MEDICAL" in a smaller, spaced-out, sans-serif font.The logo for The SPA AT PRO, featuring a stylized leaf and swirl icon to the left of the text "The SPA" in a script font, with "AT PRO" in a smaller, sans-serif font below it.

Your Rights Regarding Health Information About You

- Right to Inspect and copy
- Right to Amend
- Right to Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper copy of this Notice

The logo for MY Best 10, featuring the word "MY" in a small, sans-serif font above the word "Best" in a large, script font, with the number "10" in a large, sans-serif font below it.

Changes to this Notice

We reserve the right to change this notice. We will retain an archived copy of all versions of this Notice.

To Ask for Help or Complain

If you believe that your privacy rights have been violated, you may discuss your concerns with any staff member. You may also file a written complaint with us to: PRO Medical, ATTN: HIPAA Officer, 4455 148th Avenue NE, Bellevue, WA 98007. You may also contact the U.S. Secretary of Health and Human Services. We respect your right to file a complaint and if you complain, we will not retaliate against you.

Acknowledgement of Receipt of this Notice

We will request that you sign page 2 of this Notice acknowledging you have received a copy of this Notice. This acknowledgement will become part of your medical records.

The logo for 20/20 LifeStyles, featuring the numbers "20/20" in a white, sans-serif font on a dark rectangular background, with the word "LifeStyles" in a white, script font below it.

HIPAA Notice of Privacy Policies - Acknowledgement

We keep a record of the health care services we provide to you. You may ask to see and copy that record. You may also request to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may view your record or get more information about it by contacting the administrator of the location at which you have been treated.

Our HIPAA Notice of Privacy Policies describes in detail how your health information may be used and disclosed, and how you can access your information.

I _____, (*please print*) acknowledge receipt of a copy of the notice of Privacy Policies of PRO Medical.

_____/_____/_____
Patient (age 13 or older) or Personal Representative Signature Date

Please include the names of persons with whom we are allowed to discuss your medical condition and/or billing information.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

All health care information in my medical record

Insurance billing information

Health care information in my medical record relating to the following treatment:

 Other (appointments, test results, etc.)

I authorize PRO Medical to disclose the following information to the contact details below, per my request.

All health care information in my medical record

Insurance billing information

Health care information in my medical record relating to the following treatment:

 Other (appointments, test results, etc.)

E-mail Address

Fax Number

Phone Number

Confidential voicemail: Yes No

I authorize PRO Medical to discuss my billing and or medical condition with the above named person(s)

Patient Signature

To be completed by participants in the 20/20 LifeStyles Program.

20/20 LifeStyles Weekly Review Meeting: I authorize the PRO Medical to share my medical information amongst all individuals directly involved in my care at the weekly review meeting. This may include staff physicians, registered dietitians, counselors, personal trainers, podiatrists and/or physical therapists. _____(Initial)

Program Statistics: I grant permission for the results of my treatment or any aspect of it to be published in medical or scientific journals. I understand my name will under no circumstances appear in any published material without my additional consent. _____(Initial)