North Bend Therapeutic Massage

421 Main Ave S - PO Box 87
North Bend, WA 98045
(425) 888-5060

This notice describes how massage and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

During your care as a patient at North Bend Therapeutic Massage, we may use or disclose personal and health related information about you in the following ways:

*Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.

*Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of your services.

*Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.

Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse authorization for this office to contact you regarding these matters. If you do not provide us with this authorization, it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

*If we provide health care services to you based on the orders of another health care provider.

*If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.

*If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

*If we are ordered by the courts or other appropriate agency.

Any use or discloser of your protected health information, other than outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive massage care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or if you would like this information in a different form, please advise us in writing of your preferences.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health-related information should be made to us in writing.

We are required by state and federal law to maintain the privacy of your patient files and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to our health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to

alter or amend the terms of this privacy notice. If changes are made, we will notify you in writing as soon as possible following the changes. Any changes in our privacy notice will apply to all your health information in our files.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal rules.

If you have any further questions or a complaint about our privacy policy and activities, please contact:
Owner- Lauren Kuntz, LMT
(425) 888-5060

This notice is effective as of January 1st, 2025. This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.