Notice of Privacy Practices (NPP)

Effective Date: January 1, 2024

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Introduction

At Thrive Bodyworks LLC, we are committed to protecting your privacy and safeguarding your Protected Health Information (PHI). This Notice outlines how your health information may be used or disclosed and explains your rights under federal and Maine laws.
Please review this Notice carefully and let us know if you have any questions.

Uses and Disclosures of PHI

1. Uses and Disclosures for Treatment, Payment, and Health Care Operations
We may use or disclose your PHI for the following purposes without your written consent:

- Treatment: Coordination of care, consultations with other healthcare providers, and documentation of your treatments.
- Payment: Processing payment for services or communicating with insurance providers for reimbursement.
- Healthcare Operations: Activities such as quality assessments, staff training, and compliance audits.

2. Disclosures Without Consent or Authorization
We may disclose your PHI without your consent in certain situations, including:

- Legal Compliance: Reporting abuse, neglect, or exploitation; responding to subpoenas or court orders.
- Health and Safety: Preventing or reducing a serious threat to health or safety.
- Worker's Compensation: Compliance with worker's compensation laws.

3. Disclosures Requiring Your Authorization
Written authorization is required for uses or disclosures outside of those listed above. You may revoke your authorization in writing at any time, except when disclosures have already been made.

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Client Rights

As a client of Thrive Bodyworks LLC, you have the following rights regarding your PHI:

1. Request Restrictions: Limit how we use or disclose your PHI.
2. Confidential Communication: Request alternative methods or locations for communications.
3. Inspect and Copy Records: Access your health records in electronic or paper format.
4. Amend Records: Request corrections to inaccurate or incomplete PHI.
5. Accounting of Disclosures: Request a list of certain disclosures made in the past six years.
6. Paper Copy of this Notice: Receive a physical copy of this Notice, even if provided electronically.
7. Restrict Disclosures to Health Plans: If you pay for services out-of-pocket, you may restrict disclosure to health plans.
8. Notification of Breaches: Receive timely notification if your PHI is involved in a data breach.

Our Responsibilities

Thrive Bodyworks LLC is required to:

- Maintain the confidentiality of your PHI.
- Notify you promptly in the event of a data breach.
- Provide you with this Notice and adhere to its terms.

Breach Notification Policy

In the event of a data breach involving your PHI:

- You will be notified within 30 days (Maine law) and 60 days (HIPAA).
- The notification will include the breach details, types of information involved, and steps taken to mitigate harm.
- If a breach affects 500 or more individuals, we will also notify the Department of Health and Human Services (HHS).

Acknowledgment of Receipt

I acknowledge receipt of Thrive Bodyworks LLC Notice of Privacy Practices (NPP).

Client Name (Print): _____
Client Signature: _____
Date: _____
If applicable, Parent/Legal Guardian Name (Print): _____
Parent/Legal Guardian Signature: _____

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Contact Information

If you have questions or wish to file a complaint, contact:

Thrive Bodyworks LLC
688 Main Street, Suite 4
Westbrook, Maine 04092
Phone: (207) 699 8768
Email: info@thrivebodyworks.com

Complaints can also be filed with the U.S. Department of Health and Human Services. Filing a complaint will not impact your care.