

## **Olympus Health & Performance 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.

Olympus Health & Performance (“Olympus,” “we,” or “us”) is dedicated to maintaining the privacy of your protected health information (PHI) as part of providing professional care. After you have read this Notice of Privacy Practices (“Notice”), we will ask you to sign an Acknowledgment of Receipt of this Notice. Your signature on this Notice is necessary for us to work with you. The effective date of this Notice is February 18, 2021.

**OLYMPUS DUTIES.** We are required by law to keep your PHI private, to provide you with a notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this notice. These laws are complicated, but we must give you this important information. Further, Olympus reserves the right to change the terms of this Notice and to make the new notice provisions effective for all PHI it maintains, and the revised notice will be posted on our website and copies will be available.

**USES AND DISCLOSURES WITHOUT AUTHORIZATION.** Olympus can use or disclose your PHI without additional authorization for treatment, payment, and health care operations. **Treatment.** We will use PHI primarily to provide you with medical treatment, like medical testing, or Olympus’ providers sharing medical testing information with a laboratory. **Payment.** We will use PHI to arrange payment for our services, such as telling a guardian or personal representative that services are scheduled, and when payment is due. **Health Care Operations.** An example of this is a staff member scheduling a patient for a visit.

There are other times when your PHI may be used or disclosed. For example:

1. When you are given a chance to agree or object to certain disclosures, including to family members or others involved in your care. This can be done verbally.
2. When there is a serious threat to your health and safety or the health and safety of other individuals or the public. In such a situation, we will share information with other people or organizations that are able to help prevent or reduce the threat.
3. The law requires reporting of suspected incidences of abuse, substance abuse, neglect or domestic violence.
4. Some lawsuits, legal, or court proceedings when court ordered.
5. Some specialized government functions including for public health activities, health oversight and some military or law-enforcement purposes.
6. Certain limited research purposes. Most of the time, you must give written consent for your/your child’s participation in research efforts. Exceptions are sometimes made to this rule when, for example, there is no perceptible risk of harm to research subjects and no intention of revealing PHI.
7. If a court requires us to do so.
8. For Workers Compensation and similar benefit programs.

9. When the provider discusses all diagnostic and treatment details with other professionals who provide health care to you. This is to further treatment and to maintain accountability.
10. When legal authorities have questions concerning your treatment. For example, if you are obtaining medications at several pharmacies instead of only at the designated pharmacy.

**USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION.** The law requires that we inform you that there are some uses and disclosures that require authorization. **Psychotherapy Notes.** These include psychotherapy notes. **Marketing.** Olympus must obtain authorization to use or disclose your PHI for marketing, except for when we talk to you directly about our services. **Sale of PHI.** Olympus may not sell your PHI without first obtaining your authorization.

If you or we want to use or disclose (send, share, release) your information for any other purpose, we will discuss this with you and ask you to sign an authorization form to allow this. Other uses and disclosures not described in this Notice will be made only with authorization from the individual.

#### **YOUR RIGHTS REGARDING PHI:**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home rather than at work. We will try to accommodate reasonable requests.
2. You have the right to look at your PHI. You can also get a copy of these records, but we may charge you a reasonable cost-based fee for this service. However, you do not have the right to look at or copy your psychotherapy notes.
3. If you believe the information in your records is incorrect or missing important information, you can ask us to make some kinds of changes (called amending) to your health information. You must make this request in writing and send it to us. You must explain the reasons you want to make the changes. If we believe the information is accurate and complete, or if the information was not created by us, we may deny your request, but we must tell you why in writing within 60 days.
4. You may request that we restrict uses or disclosures of PHI, but we are not required to approve those requests.
5. In general, the law allows disclosures of PHI to health plans, when applicable, for the purposes of obtaining payment. However, you have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket, in full, for services.
6. You have a right to request an accounting of disclosures of your protected health information for purposes other than treatment, payment or healthcare operations. Certain exceptions exist; for example, we do not have to account for disclosures made related to national security, law enforcement, health oversight, reporting of abuse or neglect, worker's compensation, in response to a court order or subpoena, or to avert a serious threat to health or safety.
7. You have a right to be notified following a breach in which PHI is improperly disclosed.
8. You have the right to have a paper copy of this notice upon request.

**COMPLAINTS.** You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with Olympus Privacy Officer and/or with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the care we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, jaimie@olympusivtherapy.com or at 385-645-6137. You may also send us questions or concerns via mail at 1414 S. Foothill Drive Suite D, Salt Lake City, Utah 84108.

**I acknowledge that I have received Olympus's notice of privacy practices.**

**Name of Client:**

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**Signature of Patient OR**

**Parent/Legal Guardian (if signing for minor):**

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**Printed Name of Parent or Guardian:**

**(if signing on behalf of minor child)**

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**Date of Signature:**

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