



SBR Therapy and Wellness

W61N397 Washington Avenue
Cedarburg, WI 53012
Phone: 262-204-8383

connect@sbrtherapy.com

Notice of Privacy Practices

SBR Therapy and Wellness (Swim Bike Run) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Please review it carefully.

Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Confidentiality Law.

Disclosure of Your Health Care Information:

Treatment: SBR Therapy and Wellness may disclose your health care information to other healthcare professionals for the purpose of treatment, payment, emergency conditions and /or other healthcare operations.

Payment: SBR Therapy and Wellness may use and disclose your medical information for payment purposes. We may share your health information with your physician for payment activities related to the care you received.

We are required to obtain your written consent before we can disclose information about you for payment or treatment purposes.

SBR Therapy and Wellness is not required to obtain your written consent for the following circumstances:

- **Health Care Operation:** We may use and disclose your medical information for our health care operations. This might include internal quality control programs evaluating employee's performance. Conducting training programs and getting accreditation, certificates, licenses and credentials.
- **Emergencies:** To notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.
- **Worker's Compensation:** We may disclose your health information as necessary to comply with State Worker's Compensation Law's.
- **Public Health:** As required by law, to public health authorities for purposes related to: preventing and controlling diseases, injury or disability, including child abuse or neglect, reporting domestic violence, to the FDA for purposes of reporting problems with products and medication, and reporting diseases or infection exposure.
- **Judicial and Administrative:** In response to a judicial or administrative order, subpoena, discovery request and other lawful process. Under limited circumstances such as court order, warrant or grand jury subpoena with law enforcement officials. To law enforcement officials for the purposes of identifying and locating a suspect, fugitive, material witness or missing person, and/or other law enforcement purposes.

- **Specialized Government Functions:** Subject to certain requirements, we may discuss your health information for military personnel and veterans, for national security and intelligence activities, for correctional institutions, and for government programs providing public benefits.
- **Deceased Persons:** To help them carry out their duties, a coroner, medical examiner, funeral director or organ procurement organization.
- **Research:** In limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
- **Public Safety:** To appropriate persons in order to prevent or lessen a serious or imminent threat to the health or safety of a particular person or to the general public.
- **Appointment Reminders and Other Clinic Information:** for the purpose of sending you appointment cards, text messages, emails, or leaving phone messages reminding you of your appointments or to share clinic events and/or informational materials.

Before we can use or disclose any information about your health in a manner which is not described above, we must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing. (NOTE: Revoking a consent to disclose information to a court, probation department, parole office, ect. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

Your Health Information Rights

- You have the right to review or obtain a copy of your personal health information at any time. Except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
- You have the right, with some exceptions, to request that we amend any inaccurate or incomplete information in your records and to receive an accounting of disclosures of your health related information made by SBR Therapy and Wellness during the six (6) years prior to your request.
- You have a right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to your restrictions. However, if we do agree to them, it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medication emergency.
- You have a right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes.
- You have a right to have your health information received or communicated in an alternative method or alternate location other than the usual method.
- You may request in writing with the appropriate form that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider all requests on an individual basis, but are not legally required to accept them.
- You also have the right to receive a paper copy of this notice.

Patient/Guardian Signature: _____ **Date:** ____/____/____