

Bonnie Heshelman, LMT
Bonnie Ross Massage LLC
Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read this carefully. State and Federal laws require me to maintain the privacy of your health information and to inform you about my privacy practices as described below. This Notice will take effect June 1, 2019 and will remain in effect until I amend or replace it.

It is my right to change my privacy practices provided that the law permits the changes. Before I make a significant change, this Notice will be amended to reflect the changes, and I will make the new Notice available upon request. I reserve the right to make any changes in my privacy practices and the new terms of my Notice effective for all health information maintained, created, and/or received by and before the date changes were made.

You may request a copy of my Privacy Notice at any time by contacting me, Bonnie Heshelman, LMT, at 414-345-8861 or via e-mail at BonnieRossMassage@yahoo.com.

Typical Uses and Disclosures of Health Information

I will keep your health information confidential; using it only for the following purposes:

-Treatment: I may use your health information to provide you with my professional services.

-Disclosures: I may disclose and/or share your healthcare information with other health care providers with your written consent. I will only release information to family, friends, and/or other persons you choose to involve in your care if you agree to do so and sign the proper release form.

-Emergencies: I may use or disclose your health information to notify, or assist in the notification of a family member or anyone else responsible for your care, in case of any emergency involving your care, your location, your general condition, or death. If at all possible I will provide you with an opportunity to object to this use or disclosure. Under emergency conditions, or if you are incapacitated I will use my professional judgement to disclose only that information directly relevant to your care.

-Required by Law: I may use or disclose your health information when I am required to do so by law. (Court or administrative orders, subpoenas, discovery request or other lawful process.) I will use and disclose your information when requested by national security, intelligence and other State and Federal officials, and/or if you are in inmate or otherwise under the custody of law enforcement.

-Abuse or Neglect: I may disclose your health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

-Marketing Health-Related Services: I will not use your health information for marketing purposes unless I have your written authorization to do so.

-Appointment Reminders: I may use your health information to provide you with appointment reminders, including but not limited to voicemail messages, postcards, letters, or e-mails.

Your Privacy Rights As My Patient:

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances your request may be denied.

Restrictions: You have the right to request that I place additional restrictions on our use or disclosures of your health information. I do not have to agree to these additional restrictions, but if I do, I will abide by our agreement. (Except in emergencies).

Questions and complaints: You have the right to file a complaint with me if you feel that I have not complied with my privacy policies. If you feel that I have violated your privacy rights, or if you disagree with a decision I made regarding access to your health information, you can file a complaint in writing to the state of Wisconsin.

Signature _____ Date _____

Witness _____ Date _____