

AMERICAN MEDICAL MASSAGE NETWORK (AMMN)

PRIVACY NOTICE

This notice describes how personal & medical information about you may be used and disclosed, and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

1. HIPAA & CLIENT Rights:

A Federal Act, called the Health Insurance Portability & Accountability Act (HIPAA) gives you some specific rights concerning the information you provide while the Medical Massage is given to you by _____ at _____.

This notice gives you information about those rights under HIPAA.

2. Understanding the Type of Information We Have:

We receive information about you when you come for the Medical Massage at our facility: This includes;

- i. Your Name
- ii. Your Date of Birth
- iii. Gender & Marital Status
- iv. Social Security Number
- v. Home Address
- vi. Telephone Number
- vii. Email Address
- viii. Your health history, health issues & medicine you take or have taken
- ix. Information about your health insurance
- x. Information about your healthcare professionals – doctors, clinics, etc.
- xi. Next of Kin – Who to contact in case of an emergency

3. Our Privacy Commitment To You:

We care about your privacy. The information we collect about you is private & confidential. We are required to give you this “Notice of Privacy” practices.

Only those people who have the need and the legal right may see your information. Unless you give us permission, in writing, we will only disclose your information for the purposes of treatment services, instruction, accreditation, or when we are required by law to do so.

- **Treatment Services:** We may disclose information about you in order to develop your ‘Treatment Plan’. For example, your therapist may consult with your Physician or other healthcare provider(s), Health Insurance Providers, etc.
- **As Required By Law:** We will release information when we are required by Law to do so. Examples would be for subpoenas or other court orders or other kind of emergencies.
- **With Your Permission:** If you give us permission in writing, we may use and disclose your personal information in this Privacy Notice.

If you give permission, you have the right to revoke your permission at any time. This must be ‘in writing’, too. We are unable to take back any uses or disclosures already made with your permission.

4. Complaints & Communications to American Medical Massage Network (AMMN):

If you have any concerns or complaints about the therapist, the SPA or the Company providing the massage therapy, or about the service, you may contact:

American Medical Massage Network
info@medicalmassagenetwork.org

- You will NOT be penalized for filing a complaint.

5. Complaints to the Federal Government:

If you believe your Privacy Rights have been violated, you can file a complaint with:

Office of Civil Rights, Department of Health & Human Services
200 Independence Ave. S. W. Washington DC 20201
Tel: 866-927-7748. Email: ocprivacy@hhs.gov

6. Medical Research:

Without indulging in release of your personal information, we do use some of the treatment modalities, the outcome and your comments for Medical Research, for research articles and other appropriate research use or for teaching purposes.

7. For More Information:

If you have any questions or concerns, or if you wish to offer your ideas & suggestion to improve our services, or wish to send your appreciation for a particular Therapist, particular Therapy, etc. Please email it to:

American Medical Massage Network
info@medicalmassagenetwork.org

- **Your ideas, suggestions and help is very much appreciated.**

8. Changes to This Notice:

We reserve the right to revise this notice. A revised notice will be in effect for information we already have about you as well as any information we may receive in the future. We are required, by law, to comply with whatever notice is currently in effect.

If you wish to be notified about any changes to this notice, please contact American Medical Massage Network - info@medicalmassagenetwork.org

Effective December 01, 2022.