

**Notice of Privacy Practices**  
Maya Myslenski, MD Family Acupuncture, LLC  
@ ACTIV Physical Therapy, LLC  
3870 Brecksville Road Richfield, OH 44286

This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

“Protected health information” is information about you, including demographic information ( patient's name, address, phone numbers, email address, age, gender, and date of birth ), that may identify you and that relates to your past, present and future physical or mental health condition and related health care services. **Please review this information carefully.**

**Our obligations:**

Maya Myslenski, MD, Family Acupuncture, LLC and ACTIV Physical Therapy, LLC understand that medical information about you and your health is personal. We are committed to protecting the privacy and security of your Protected Health Information. We create a record of the care and services you receive from our staff. We need this record to provide you with quality care and to comply with certain laws. This notice applies to all of the records of your care created, received transmitted or maintained, whether made by our staff or your personal doctor. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**We are required by law to:**

1. Maintain the privacy of medical information that identifies you.
2. Give you this notice of our legal duties and privacy practices regarding health information about you.
3. Follow the terms of the notice that is currently in effect.

**How we may use and disclose medical information about you:**

The following describes the ways that we use and disclose health information that identifies you. Except for the purposes described below, we will use and disclose your health information only with authorization.

1. **For treatment.** We may use health information about you to provide, coordinate or manage your medical treatment or services. We may disclose medical information about you to doctors, nurses, physical therapists, massage therapists, medical students, or other staff who are involved in your care.
2. **For payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party.
3. **For health care operations.** We may use and disclose medical information about you as needed to make sure that all of our patients receive quality care.
4. **Appointment reminders.** We may use and disclose medical information to contact you to remind you of an appointment for treatment.
5. **Treatment alternatives.** We may use and disclose medical information to tell you about or recommended possible treatment options that may be of interest to you.
6. **Health-related benefits and services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
7. **Individuals involved in your care or payment for your care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. You may object to having your medical information given to a friend or family member who is involved in your medical care.
8. **As required by law.** We will disclose medical information about you when required to do so by federal, state or local law.
9. **To avert a serious threat to health or safety.** We may use and disclose medical information about you when needed to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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**Your rights regarding medical information about you:**

1. **Right to inspect and copy.** You have the right to inspect and copy your health information contained in your designated record set which is the information that may be used to make decisions about your care.
2. **Right to request an amendment.** If you feel that the medical information we have about you is wrong or missing, you may ask us to amend the information. To request an amendment, your request must state the reason for your request and must be made in writing. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that: (1) Was not created by us, (2) Is not part of the medical information kept by us, (3) Is not part of the information, which you would be allowed to inspect and copy, (4) Is correct and complete.
3. **Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to omit, (2) whether you want to limit our use, disclosure or both and (3) to whom you want the limits to apply. If you paid out of pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not to be disclosed to a health plan purposes of payment or health care operations, and we will honor that request.
4. **Right to revoke authorization.** You have the right to revoke your authorization at a time only if it is in writing.
5. **Right to request confidential communications.** You have the right to request to communicate with you about medical matters in a certain way. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. Your record must specify how or where you would like us to contact you. We will comply with all reasonable requests.
6. **Right to paper copy of this notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at anytime.
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**Changes to this notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. This notice will contain on the first page, in the top right-hand corner, the effective date.

**Other uses of medical information**

Other uses or disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your breakthrough information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you

**Effective date of this notice**

October 23, 2018