



# SUMMARY OF USAGE AND RIGHTS

## HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU

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The common reasons for which we may use and disclose your Personal Health Information (PHI) are to process and review your requests for scheduling and payments for services or in connection with other health-related YMCA of the North services in which you may be interested. The following describes these and other uses and disclosures, and includes some examples.

**For Treatment/Treatment Alternatives:** We may use and disclose PHI to treat you, to tell you about, or recommend possible treatment options or alternatives that may be of interest to you.

**For Payment:** We may use or disclose information for billing, claims management, collection activities, or obtaining payment and related healthcare data processing.

**For Healthcare Operation:** We may use or disclose, as needed, your PHI to support the business activities of your Provider's practice.

**As Required by Law:** We will share your medical information when required to do so by federal, state or local law.

## WHAT ARE YOUR RIGHTS?

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You have the right to:

- Request restrictions on certain uses and disclosures of PHI.
- Choose how you receive communications that include PHI.
- Request a copy of your PHI that we have collected.
- Request amendments to incorrect or incomplete PHI.
- Request and receive an accounting of disclosures of PHI.

As required by law, we will protect the PHI we collect and notify you if a breach occurs that compromises your privacy. We will follow all privacy practices described in our HIPAA (Health Insurance Portability and Accountability) NOTICE OF PRIVACY PRACTICES document.

To view this document in its entirety please visit [ymcanorth.org/wellbeing/paperwork](http://ymcanorth.org/wellbeing/paperwork)

Your signature on this document acknowledges that you have reviewed and been offered a copy of our Notice of Privacy Practices. Our Notice of Privacy Practices provides you with information about how we may use or disclose your Protected Health Information (PHI). The Notice also explains how you can access, amend, and restrict your Protected Health Information.

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Client Name

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Parent or Guardian (if applicable)

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Signature

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Date