

Insurance & Medical Records Disclosure Acknowledgment

If you choose to use insurance for massage therapy services, you understand and agree that your care must meet medical necessity criteria as defined by your insurer or payer. You authorize this practice to release any information required to process claims, including but not limited to intake forms, prescriptions/referrals, treatment plans, SOAP notes, and other clinical documentation. You acknowledge that insurance companies, workers' compensation programs, PIP/auto insurers, and Veterans Affairs/Community Care may request, review, and retain your medical records for purposes of determining coverage, payment, audit, or recoupment. You understand that failure to meet medical necessity requirements or provide requested documentation may result in claim denial or reversal, and you remain financially responsible for any non-covered services.

Acknowledged by _____ (print name)

Signed _____ Date _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your protected health information ("PHI") and to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice currently in effect.

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. If we revise this Notice, we will make it available to you upon request.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We are permitted by federal and applicable state law, including HIPAA, to use and disclose your protected health information for treatment, payment, and health care operations without your written authorization.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your care. This may include communication with physicians, physical therapists, case managers, or other healthcare providers involved in your care.

Payment (INCLUDING MEDICAL NECESSITY REVIEW AND CLAIM DEFENSE)

We may use and disclose your PHI as necessary to bill and collect payment for services provided to you. This includes submitting claims and supporting clinical documentation to:

- Health insurance plans (e.g., Regence BCBS, PacificSource)
- Workers' compensation carriers and managed care organizations
- Automobile insurers / Personal Injury Protection (PIP)
- Veterans Affairs / Community Care programs
- Third-party administrators, claims processors, and utilization review entities

For payment purposes, we may disclose detailed clinical information, including but not limited to:

- Intake forms and health history
- Prescriptions, referrals, or letters of medical necessity (when applicable)
- Treatment plans and progress notes
- SOAP notes and chart documentation
- Objective findings (e.g., palpatory findings, range of motion, functional limitations)
- Reports of symptoms, pain levels, and functional impact
- Documentation supporting medical necessity and ongoing care

Your PHI may be used or disclosed to:

- Verify eligibility, benefits, and coverage limitations

- Obtain prior authorization or referrals
- Support medical necessity determinations
- Participate in utilization review or audit processes
- Respond to requests for records from insurers, claims adjusters, or review entities
- Coordinate benefits between multiple payers
- Submit appeals, reconsiderations, or dispute resolutions
- Defend claims in the event of denial, audit, recoupment, or investigation

Important:

Insurance carriers and payers may request, review, and retain copies of your clinical records as part of their determination of medical necessity, coverage, or payment. Once disclosed for these purposes, your information may be subject to the privacy and record-retention policies of those entities.

Health Care Operations

We may use and disclose your PHI for business operations, including quality assessment, licensing, compliance, training, and administrative functions necessary to operate this practice.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES

We may use or disclose your PHI without your authorization as required or permitted by law in the following circumstances:

Workers' Compensation: If your care relates to a workers' compensation claim, we may disclose your PHI as necessary to comply with claim requirements, reporting obligations, and coordination with employers, insurers, and managed care organizations.

Public Health and Safety: As required by law for public health activities or to prevent or lessen a serious threat to health or safety.

Legal Proceedings: In response to a court order, subpoena, or other lawful process.

Law Enforcement: For law enforcement purposes as required by law.

OTHER USES AND DISCLOSURES: Other uses and disclosures not described in this Notice will be made only as otherwise permitted or required by law, or with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already relied on it.

YOUR RIGHTS: You have the right to:

- Inspect and obtain a copy of your PHI
- Request an amendment to your PHI
- Request restrictions on certain uses and disclosures (note: we may not be able to agree if disclosure is required for payment or legal compliance)
- Request confidential communications
- Receive an accounting of disclosures
- Receive a paper copy of this Notice upon request

CONTACT INFORMATION: If you have any questions about this Notice or wish to exercise your rights, please contact:

Julie Madsen, Caring Portland Massage, LLC 971-344-7895 caringportland@gmail.com

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

EFFECTIVE DATE: This Notice is effective as of: April 2, 2026