

## NOTICE OF PRIVACY PRACTICES

This clinic is required to maintain the privacy of your Protected Health Information (PHI) and to provide you with a notice of our legal duties and privacy practices with respect to PHI. PHI is information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice describes how we may use and disclose PHI about you and carry out treatment, payment or health care procedures and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

This clinic is required to follow the terms of this Notice. We will not disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide a revised Notice to you.

### **The Following Categories Describe And Provide Examples Of Different Ways That We Use And Disclose PHI About You":**

- We will use PHI for care/treatment. Example: information obtained by the Clinic will be used to formulate a treatment plan for you. We will document in your record information related to the procedures given to you and other services provided to you.
- We will use PHI for payment. Example: We will bill you or the person responsible for your payments for the cost of all procedures provided to you. The information on or accompanying the bill may include information that identifies you, as well as the procedures provided.
- We will Use PHI for health care protocols. Example: The Clinic may use information in your health record to monitor the performance of the care and treatment given you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

### **We Are Likely To Use PHI For The Following Purposes:**

- **Business Associates:** There are some services provided by us through contracts with Business associates. An example of this is the company that writes and maintains our billing processing software. When these services are contracted for, we may disclose PHI about you to our Business Associate so that they can perform the job we have asked them to do. To protect PHI about you we require the Business Associate to appropriately safeguard the PHI.
- **Communications With Individuals Involved In Your Care Or Payment For Your Care:** Health care professionals such as Acupuncturists, using their professional judgment, may disclose to a family member or other relative, close personal friend or any person you identify, PHI relevant to the person's involvement in your treatment or payment related to your care.
- **Personal Communications:** We may contact you to provide treatment reminders or information about special treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Food and Drug Administration (FDA):** We may disclose to the FDA or its agents PHI relative to adverse events with respect to diet/nutritional supplements, foods, drugs, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers Compensation:** We may disclose PHI about you to the extent authorized by and to the extent necessary to comply with the laws relating to worker's compensation or other similar programs established by law.
- **Other Health Care Providers:** We may disclose PHI about you for treatment or payment activities of another health care provider. We may also disclose PHI about you to another health care provider for the health care operation's activities (quality assessments, competence, and performance reviews as well as other) of that health care professional, provided they too have a relationship with you. We may also disclose PHI about you to such a health care provider for the purpose of health care fraud and abuse detection of compliance.
- **Public Health:** As required by law, we may disclose PHI about you to the public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Law Enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena.
- **As Required By Law:** We must disclose PHI about you when required to do so by law.

- **Health Oversight Activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations and in sections as necessary for our licensure and for the government to monitor the health care system. Government programs and compliance with civil rights laws.
- **Judicial And Administrative Proceedings:** If you are involved in a lawsuit or a dispute we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

**We Are Permitted To Use Or Disclose PHI About You For The Following Purposes:**

- **Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. we may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.
- **Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- **Correctional Institution:** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents, PHI necessary for your health and the health and safety of others.
- **To Avert A Serious Threat To Health Or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military And Veterans:** If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.
- **National Security:** We may release PHI about you to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services:** We may disclose PHI about you to a government authority, such as a social service or protective service to the President, or authorized persons or foreign heads of state or conduct special investigations.
- **Victims of Abuse, Neglect, Or Domestic Violence:** We may disclose PHI about you to a government authority, such as a social service, or protective service agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

**Other Uses And Disclosures Of Phi:**

The clinic will obtain written authorization before using or disclosing PHI about you for the purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization. You should contact us regarding authorizing or revoking and authorization

## **NOTICE OF HEALTH INFORMATION PRACTICES**

*This notice describes how health care information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Please feel free to ask any questions or request copies of any policy.*

### **UNDERSTANDING YOUR HEALTH CARE RECORD/INFORMATION**

Each time you visit a specialist, a hospital, complimentary and/or alternative health care provider, a record of your visit is made. Typically, the records contain your complaints, symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information, often referred to as your health or visit record, serves as:

- Legal document describing the care that you received
- Basis for planning your care and treatment
- Means of communication between the many health professionals who contribute to your care
- A tool in educating health professionals
- Means by which you or a third-party payer can verify that clinical services billed were actually provided
- A source of data for health care research
- A source of data for facility planning and marketing
- A tool which we can assess and continually work to improve the care we render and the outcomes that we achieve

Understanding of what is in your record and how your health information is used to help you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosures to others.

### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to copies at a reasonable fee to

- Request a restriction on certain uses and disclosures of your information as provided by
- 45 CFR 164-522
- Inspect and copy your health record as provided for in 54 CFR 164.524
- Obtain an accounting of disclosures of your health information as provided in 164.528
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **OUR RESPONSIBILITIES**

This health care office is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not disclose your health information without your authorization, except as described in this notice.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information you may contact this office. If you believe that your privacy rights have been violated, you can file a complaint with this office or with the secretary of Health and Human Services. there will be no retaliation for filing a complaint. Complaint forms are kept on file and will be used for educational and administrative purposes only. You may obtain a complaint form upon request.