

# American Acupuncture Center, Inc.

## NOTICE OF PRIVACY PRACTICES

**Effective Date: April 14, 2003**

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health care records for the purposes of **treatment, payment and health care operations**.

- **Treatment** means providing, coordinating, or managing health care with doctors, nurses, technicians or hospital personnel involved in your care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, we may disclose your PROTECTED HEALTH INFORMATION for the following reasons:

- To remind you of an appointment (by phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members that are directly involved in your care or who assist in taking care of you.
- When we are required to do so by federal, state or local law
- To public health authorities that are authorized by law to collect information
- To a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested

- To a law enforcement official for any circumstance required by law
- To a medical examiner or coroner to identify a deceased individual or to identify the cause of death
- To funeral directors to perform their jobs
- To organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor
- To reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat
- If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities
- To federal officials for intelligence and national security activities authorized by law
- To federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations
- To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public
- For workers' compensation and similar programs

Any other uses and disclosures will be made only with your written authorization.

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regards to your PROTECTED HEALTH INFORMATION, which you can exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- The right to request restrictions on certain uses and disclosures of PROTECTED HEALTH INFORMATION, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of PROTECTED HEALTH INFORMATION from us by alternative means or at alternative locations.

- The right to access, inspect and copy your PROTECTED HEALTH INFORMATION.
- The right to request an amendment to your PROTECTED HEALTH INFORMATION.
- The right to receive an accounting of disclosures of PROTECTED HEALTH INFORMATION outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your PROTECTED HEALTH INFORMATION and to provide you with notice of our legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PROTECTED HEALTH INFORMATION that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

## **Acknowledgment of Receipt of Privacy Practices**

I, \_\_\_\_\_ have received a copy of American Acupuncture Center, Inc.'s Notice of Privacy Practices with an effective date of April 14, 2003.

**Signature of Patient** \_\_\_\_\_

**Date** \_\_\_\_\_

## **Patient Agreement**

- 1.) Appointments at our office may be cancelled 24 hours in advance of your appointment time without a fee. Appointments cancelled within 24 hours of appointment time will be charged the regular appointment fee.
- 2.) All medicines, supplements and products sold from our office and/or special mail order are NOT returnable or refundable.

**Signature of Patient** \_\_\_\_\_

**Date** \_\_\_\_\_