

NOTICE OF PRIVACY PRACTICES

As a patient at this clinic, you have the right to know how your private, confidential healthcare and personal information is being protected. Below are the methods in which your information is secured confidentially in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA). This notice describes the policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. Please review it carefully.

We are committed to maintaining the privacy of your protected health information ("PHI"), and will not disclose your information to others unless you us to do so, or unless the law authorizes or requires discloser of your PHI.

Safeguards in place include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

Public Interaction: Should we see you socially, by coincidence or intent, we will not acknowledge how we are acquainted unless you infer consent through introduction, etc.

It is our preference to discuss your health in the office setting only to protect you privacy and ensure that important information is kept in your chart.

Consultations and Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations: We consult with other healthcare practitioners and clinical specialists while working on patient cases and treatment plans. These conversations and transfers of information by phone, in person, by fax, or email are confidential, and names are not used unless necessary and consent is provided from you either verbally or in writing. In administering your health care, we may gather and maintain information that may include these examples of non-public personal information:

Treatment: notes by a member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

- We may also provide information to others providing you care. This will help them stay informed about your care.
- From health care providers, insurance companies, workman's comp and your employer, and other third party administrators (e.g. requests for medical records, claim payment information)

FOR HEALTH CARE OPERATIONS

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

YOUR HEALTH INFORMATION RIGHTS:

The health and billing records we create and store are the property of the practice. The protected health information in it, however, generally belongs to you.

YOU HAVE A RIGHT TO:

- Receive, read, and ask questions about this Notice
- Ask us to restrict certain uses and disclosures.

You must deliver this request in writing to us. We are not required to grant this request. But we will comply with any request granted

- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request;
- Have us review a denial of access to your health information—except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records;
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing;
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it.

Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

OUR RESPONSIBILITIES

We are required to:

- a. Keep your protected health information private;
- b. Give you this Notice;

c. Follow the terms of this Notice. We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of the Notice by calling and asking for it or to pick one up.

TO ASK FOR HELP OR COMPLAIN

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact: Nadia Johnson, Licensed Acupuncturist 919-355-6950.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to us at our practice/health care facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

OTHER DISCLOSURES AND USES OF PROTECTED HEALTH INFORMATION

NOTIFICATION OF FAMILY AND OTHER MEMBERS

•Unless you object, we may release health 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. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.-Your name, location, general condition, and religion (only to clergy)

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it. We may use and disclose your protected health information without your authorization as follows:

•To the Food and Drug Administration (FDA) relating problems with food, supplements, and products.

•For Public Health and Safety Purposes as Allowed or Required by Law:

a. To prevent or reduce a serious, immediate threat to the health or safety of a person

b. Or public.

c. To public health or legal authorities

•To protect public health and safety

•To prevent or control disease, injury, or disability

•To Report Suspected Abuse or Neglect to public authorities.

•For Law Enforcement Purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.

- For Health and Safety Oversight Activities. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- For Work-Related Conditions That Could Affect Employee Health. For example, an employer may ask us to assess health risks on a job site.
- To the Military Authorities of U.S. and Foreign Military Personnel. For example, the law may require us to provide information necessary to a military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.

For Specialized Government Functions. For example, we may share information for national security purposes.

OTHER USES OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.