

HIPAA NOTICE OF PRIVACY PRACTICES

This notice outlines your protected health information, how it may be used, and what your rights are regarding your protected health information. Please review carefully and ask any questions prior to signing. Questions about this notice can be directed to Soulshine Acupuncture LLC.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION:

Soulshine Acupuncture LLC is committed to maintaining the privacy of your protected health information (PHI), which includes information about your health condition and the care and treatment you receive from Soulshine Acupuncture. This Notice details how your PHI may be used and disclosed by Soulshine Acupuncture LLC. This Notice also describes your rights regarding your PHI. The law requires us to:

- Make sure that Protected Health Information (PHI) that identifies you is kept private
- Notify you about how we PROTECT your PHI
- Notify you about how we USE and disclose your PHI
- Follow the terms of this notice

o We are required to follow the procedures in this notice. We reserve the right to change the terms of this notice and to make new provisions effective for all PHI by:

§ Posting the revised notice in our office

§ Making copies of the revised notice available upon request

§ Posting the revised notice on our website

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU (No Consent Required):

The following categories describe different ways that we are legally permitted to use and disclose protected health information without your written authorization.

1. For Treatment: In order to provide you with health care services, we may provide your PHI to other professionals directly involved in your care within our clinic so that they may understand your health condition and your needs. We may use your PHI to communicate with you about your treatments and appointments. We may use your PHI in communication with providers outside our office such as your primary care provider or other individuals involved in your care.
2. For Payment: We may use and disclose your PHI for billing and payment within our office and with insurance providers or billing companies when applicable.
3. For Healthcare Operations: We may use and disclose PHI for practice operations such as case management, coordination of care, business planning, customer services, and quality assessment.

According to the HIPAA rules, the following additional instances do not require your permission to disclose your PHI. **However, some of the disclosures listed below may never occur at our facilities.**

- Personal representative: We may disclose PHI to an individual who, under applicable law, has the authority to represent you in making decisions related to your healthcare.
- Your family/Friend: We may disclose information about your healthcare or payment to an individual you choose, if the information is directly relevant to that person's involvement in your care. Your verbal agreement is enough to authorize us to communicate about your healthcare to a chosen family member or friend. We may also communicate with your family or representative in certain extenuating situations that may require our professional judgment that you would not object to a disclosure made in your best interests.
 - o You may also request that we do NOT communicate about your healthcare to your family or other individuals.
- Emergency situations: for the purpose of rendering or coordinating emergency care for you, or in disaster relief circumstances.
- As required by law: We will disclose PHI when required to do so by federal, state, or local law.
- Business associate: PHI is sometimes shared with a business associate such as a billing company or health data management company. Legally binding written agreements must be in place for all business associates ensuring they will protect any PHI they have access to.
- Public health activities: when authorized by law, information may be collected by a public health authority to prevent or control disease. This information would not include your name and cannot be used to identify you individually.
- Health risks: We are authorized to disclose PHI to an authority 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 deemed necessary to prevent or lessen a serious and imminent threat to you or another person.
- Health oversight activities: When authorized by law, we may disclose PHI to authorities in the process of an investigation, inspection, or audit for the monitoring of the health care system and compliance with governmental programs.
- Law enforcement/Judicial and administrative proceedings: We may release PHI as required by law or in response to a court order, subpoena, or administrative request.
- Worker's compensation: we may disclose information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- Coroner/Medical examiner/Tissue donation: In the event of death, any healthcare practice may be required to release PHI to funeral directors, medical examiners, and organizations that handle organ donation.
- Research: This practice is not involved in research activities, but PHI disclosures are permitted for research purposes and the information must not identify the individual by name.
- Avert a threat to health or safety: We may disclose your PHI if it is deemed necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES. Unless you object, or request that only a limited amount or type of information be shared, the above listed disclosures are permitted by law. If you wish to request limitation to these disclosures, you may notify our office in writing.

AUTHORIZATION: Uses or disclosures other than those described above, will only be made with your written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

Right to revoke authorization: If you authorize us to share your PHI in a written agreement, you still have the right to revoke your authorization to us at any time. Your revocation must be in writing.

Right to inspect and copy: You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to Soulshine Acupuncture LLC. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

Right to Amend: If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to Soulshine Acupuncture LLC. In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that: Was not created by us, Is not part of the protected health information kept by Soulshine Acupuncture LLC, Is not part of the information which you would be permitted to inspect and copy, or if we believe is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you. To request this list or accounting of disclosures, you must submit your request in writing to Soulshine Acupuncture LLC. You may ask for disclosures made up to six years before your request (not including disclosures made before June 25, 2014). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We are required to provide a listing of all disclosures except the following: For your treatment, For billing and collection of payment for your treatment, For health care operations, Made to or requested by you, or that you authorized, Occurring as a byproduct of permitted use and disclosures, For national security or intelligence purposes or to correctional institutions or law enforcement regarding inmates, Or as part of a limited data set of information that does not contain information identifying you.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, the disclosure is to the Secretary of the Department of Health and Human Services, or the disclosure is for one of the purposes described in the permitted disclosures section. To request restrictions, you must make your request in writing to Soulshine Acupuncture LLC.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that

we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Soulshine Acupuncture LLC. We will accommodate all reasonable requests.
Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time by contacting Soulshine Acupuncture.

OTHER USES AND DISCLOSURES: We will obtain your written authorization before using or disclosing your protected health information for 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 your information, except to the extent that we have already taken action in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES: If you believe your privacy rights have been violated, you may file a complaint with Soulshine Acupuncture LLC or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence of the complaint or violation. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Acknowledgement Confirming Receipt of HIPAA Privacy Notice:

☐ I acknowledge I have received a copy of the HIPAA Privacy Notice. I have read them and understood the content or declined the opportunity to read it. I understand that this form will be placed in my patient file and maintained for six years.

Please sign and date below.

Signature:

Date: