



Notice of Health Care Information Privacy Policy

The law requires health practitioners to maintain the privacy and confidentiality of your health information and to provide you with the notice of legal duties and privacy practices in regard to your protected health information. 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.

Disclosure of your Health Care Information

Treatment

Your health care information may be disclosed to other health care professionals within my practice if I am working with another acupuncturist or assistant for the purpose of treatment, payment or health care operations.

Emergencies

I may disclose your health care information to notify, or assist in notifying, a family member or another person responsible for your care about your medical condition, in the event of an emergency, or of your death.

Public Health

As required by law, I may disclose your health information to public health authorities for the following purposes:

- to prevent or control disease, injury or disability.
- to report child abuse or neglect.
- to report domestic violence.
- to report to the FDA problems with products and reactions to medications.
- to report disease or infection exposure.

Judicial and Administrative proceedings

I may disclose your health information in the course of any administrative or judicial proceedings.

Law Enforcement

I may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order of subpoena, and other law enforcement purposes.

Specialized Government Agencies

I may disclose your health information for military, national security, prisoner or government benefits purposes.

Workers' Compensation

I may disclose your health care information as necessary to comply with State Workers' Compensation Laws.

Research

I may disclose your health information to organizations conducting research that has been approved by an Institutional Review Board.

Scheduling of Appointments

I may call your home or cell phone to confirm scheduled appointments. If you do not answer, I leave a reminder message on your answering machine, or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment.

Your Health Information Rights

- You have a right to inspect and to request a copy of your health documentation.
- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised that I am not legally required to comply with any restriction that you request.
- You have the right to request that your health information be received or communicated through an alternative method, or sent to an alternative location other than the usual method of communication or delivery.
- You have a right to request that I amend your protected health information. I am not legally required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of my reasons for denial and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information made by me.
- You have a right to a printed copy of this Notice of Privacy Practices.

Changes to this Notice of Privacy Practices

I reserve the right to amend this Notice of Health Care Information Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such changes are made, I am required by law to comply with this notice.

Please contact me if you have questions about this notice.

Signature _____