

## Lotus Acupuncture and Healing Arts

### Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

*Please review it carefully.*

**The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.**

**How we may use and disclose medical information about you.** The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the practice may be billed to and payment may be collected from you, an insurance company or a third party.

**For Treatment.** We may use medical information about you to provide you with medical treatment services. We may disclose medical information about you to your doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the practice or hospital.

**For Health Care Operations.** We may use and disclose medical information about you for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

**WHO WILL FOLLOW THIS NOTICE.** This notice describes our practice's policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group that we allow to help you, as well as all employees, staff and other practice personnel.

**Policy Regarding the Protection of Personal Information.** The law requires us to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; meeting reminders; lab results; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious health threat or safety; and for treatment alternatives. Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; inmates; law enforcement; law suits and disputes; military and veterans; national security and intelligence activities; organ and tissue donors; protective services for the President and others; public health risks; and worker's compensation.

## **Notice of Individual Rights**

You have the following rights regarding medical information we maintain about you:

**Right to an Accounting of Disclosures.** You may receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment and health care operations and other specified exceptions.

**Right to Amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request if we did not create the information that you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used in decisions about your care. We may deny your request to inspect and copy in certain limited circumstances.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

**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. You must make your request in writing you must specify how or where you wish to be contacted.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *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. To request restrictions, you must make your request in writing.

**CHANGES TO THIS NOTICE.** We reserve the right to change this notice at any time, provided that the changes are permitted by law. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

**QUESTIONS AND COMPLAINTS.** If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us at 827 Bayside Road, Arcata, Ca 95521 or call us at 707-822-4300. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

**OTHER USES OF MEDICAL INFORMATION.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing at any time.

If you have questions about this notice, please contact Jade Dragon Medical Spa.

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**I acknowledge by signing below that I have received the Notice of Privacy Practices and Notice of Individual Rights.**

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**Patient or Patient's Personal Representative**

**Date**