

LEFT COAST ACUPUNCTURE
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NOTICE OF PRIVACY PRACTICES

This Notice describes how your health information may be used and disclosed and how you can access that information. Please review it carefully.

We understand that health information about you is very sensitive. We work hard to protect your privacy. We will not disclose your information to others unless you authorize it or unless that law permits or requires disclosure.

Health information includes medical records with diagnosis and treatment information as well as billing and payment information related to your care. This information is created to enable us to provide you with safe and effective care. We are also required to maintain accurate medical records.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) Privacy Rules require that we:

- Protect the privacy of your health information;
- Provide you this Notice of Privacy Practices;
- Advise you of your legal rights; and
- Comply with the promises in this Notice.

We may use and disclose health information about you for the following purposes:

Health Care - We will use your health information to decide what kind of care you need. We may also share this information with other health care professionals to help provide the right care for you.

Payment - We may use and disclose health information about for services we have provided so that we may bill and collect for services from an insurance company and other health care benefit programs.

Health care operations - We may use and disclose your health information to effectively manage our practice and ensure that our patients receive quality care. For example, we may use and disclose information to remind you of appointments. We may use and disclose information to improve the quality of care we provide to you. In addition, we will use and disclose your health information for accounting, risk management and practice insurance purposes. Sometimes, we may use and disclose your health information to others who review the quality of care we deliver, who review legal compliance and who audit the accuracy of our medical and billing records. These associates are obligated to abide by the same privacy requirements as we do.

Other uses and disclosures of your health information:

Emergencies - In an emergency, we may disclose your health information to your family or authorized representative notifying them of your condition and location.

Serious threats - We may disclose health information about you to an authorized organized to prevent a serious threat to the health and safety of the public or to assist with disaster relief.

Abuse, neglect or domestic violence - We may be required by law to report an incidence of child abuse, domestic violence or other neglect.

Public health - When required by law, we will disclose your health information to authorized organizations responsible for preventing and controlling disease, injury and other health conditions.

Research - Occasionally, we may use and disclose your health information for research purposes. However, such use and disclosure must follow legal guidelines. We will ask for your permission before we disclose any information that allows others to identify you. For most research, "de-identified" information is used.

Legally required disclosures - We will disclose your health information as required by any federal, state, or local law.

Organ and tissue donation - If you are an organ donor, we may release health information to organizations that handle organ donations.

Law enforcement - We may disclose health information if required by law enforcement officials or in response to a court order, subpoena, warrant, summons or other legal process.

Investigations and government activities - We may disclose your health information to government agencies for activities authorized by law, such as payment audits, inspections, and licensure.

Lawsuits and disputes - If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will attempt to contact you about these requests so you may obtain a court order to protect the information from disclosure. We may also use your health information to defend us against legal actions.

Military and veterans - If you are member of the military, we may be required to disclose your health information to military authorities.

Worked Compensation - We may disclose your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.

Coroners, medical examiners, and funeral directors - We may disclose your health information to a coroner or medical examiner necessary to identify a deceased person or determine cause of death. Disclosure may also be made to funeral directors if necessary to the fulfillment of their duties.

Correctional Institutions - If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official.

Your Rights

You have rights under both state and federal laws relating to the use and disclosure of health information that identifies you. We have obligations to use and disclose identifiable health information only as permitted by law.

Right to this notice - You have a right to a copy of this Notice. You may ask for a copy at any time.

Right to inspect and obtain copies of your health information - You may obtain a copy of certain health information contained in your medical and billing records, but psychotherapy notes are excluded. To inspect or receive a copy of your records, please submit a written request to us. We might charge a fee for the cost of copying, mailing or handling your request as permitted by the law. We may deny your request to inspect and copy the records as permitted by the law.

Right to amend records - You have a right to request that your health information be amended if you believe the information to be incorrect or incomplete. To request an amendment, please complete a "Request for Amendment" form available from us. We may deny your request as permitted by the law. If your request is denied you may submit a written statement of disagreement. The written statement of disagreement will be stored in your health record and included with any release of your records.

Right to request restrictions - You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health operations. You also have a right to request a limit on the health information we disclose about you to someone involved in your care or the payment for your care such as a family member or a friend.

Unless otherwise required by the law, I will not disclose information that you ask us not to share with your health plan if it relates to care I provided to you that you paid for entirely out of your own pocket.

We will try to comply with all reasonable request; however, we cannot agree to withhold information if we are required by law to make the disclosure. To request restrictions, please complete a "Request for Restrictions" form available from us.

