



*Whole  
Health  
Acupuncture*

## *Privacy Policy Notice*

I am dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

I gather personal information and health information in several ways:

- Information I receive from you.
- Information I receive from other healthcare providers.

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship, I will likely use and disclose health information about you for the treatment, payment, and healthcare operations. I will only use and/or disclose your protected health information when the law allows me to do so. Any other use and disclosures will be made only with your authorization and, in those instances; you have the right to revoke that authorization. And if so, that authorization would be honored, where legal to do so, from that date forward.

Treatment: For example, from time to time, I may decide that it is medically necessary to refer you to a specialist for additional care. I will need your medical information in order to be able to treat you and that is why we send out your records.

Payment: Many patients utilized medical insurance that pays for treatment. The insurers require your medical information to know how to pay me for your care and that is why we send out your records.

Health Care Operations: I am allowed to disclose your medical information if that it necessary for me to function efficiently. There are also times when I may need the help of a special vendor, such as a medical billing specialist, and I would then send your records to that vendor in order for me to carry on my practice.

You may specifically authorize me to use protected health information for purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your Protected Health Information sent to.

### **Marketing**

I will not use your health information for marketing communications without your written authorization. I may send birthday cards, holiday cards, thank you cards, newsletters and appointment reminders, by calls, postcards, letters, emails or texts.

### **Disclosure**

I may use or disclose your Protected Health Information when required by law. This includes but is not limited to Public Health needs, Health Oversight requirements, and issues of abuse or neglect, legal proceedings.

## Patient Rights

- **Upon written request you have the right to access, review or receive copies of your healthcare records.** Exceptions are: 1) psychotherapy notes; 2) information I gather in preparation of an administrative action or proceeding; 3) data that is subject to certain provisions of the Clinical Laboratory Improvements Act. I may deny your request (in writing) under certain limited circumstances. Generally, if I agree to provide you with a copy of your records, I will do so within 15 days after your ask for them. I will charge you a reasonable, cost-based fee for the records.
- **Upon written request you have the right to receive a list of items I have disclosed about your healthcare information.** I am required to give you that data except for any use or disclosure: 1) for treatment, payment and/or health care operations; 2) made with your authorization; 3) that I make to you; 4) for any national security or intelligence purposes; 5) made before February 14, 2011; or 6) that does not require your authorization. I will provide this data for you (generally within 60 days) at no charge once each year, but after that, I will require that you pay a reasonable fee-based charge for the information.
- **You have the right to request that I place additional restrictions on disclosure of your Protected Health Information.** You may ask that I limit the use and disclosure of your Protected Health Information; I am not required to accept your request. If we do agree, however, I will do as you wish except in an emergency. You may submit your request to me in writing and tell me: 1) what information you want me to limit 2) how you want me to limit that data and 3) to whom I am to limit the access of this data.
- **You have the right to request that we amend your Protected Health Information; the request must be in writing.** I have the right to deny that request if you ask about medical information that 1) was not created by me; 2) the information is not part of the medical or billing records; 3) is not part of the records you may access or 4) the medical information is accurate and complete. I may ask that you tell me, in writing, why you want me to amend your medical information. Generally, I must act up on your request within 60 days after receipt of your request. If I agree to your request, I must make the appropriate amendment and follow the law regarding how and whom I inform about this amendment. If I do not agree, then I will tell you my reasons. You then have additional rights, including an appeal (by someone who did not participate in the decision not to allow you to amend your record) and you have the right to submit a written statement of disagreement.
- **You have the right to receive all notices in writing.**

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Patient's Signature

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Date

If you have questions, complaints or want more information contact:

Lisa Lapwing DOM (FL), L.Ac. (TX)  
Whole Health Acupuncture  
512-666-4375  
lisa@whole-healthacupuncture.com

Send a written complaint to the U.S. Department of Health and Human Services.

This notice is effective as of February 14, 2011. From time to time, I may revise this Notice. If I do, I will have the most current version and you may ask for a copy of the notice at anytime.