

## **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.

**Please be aware that this is acupuncture offered in a group setting. If at any time, you would like to disclose personal health information to your provider, a private room is available for these purposes. It is at your own discretion whether you are comfortable sharing personal health information in the group treatment space. You acknowledge that disclosure is possible to others in the room base on the setting chosen for treatment.**

### **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.

Worker 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 a 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.

Right to an accounting of disclosures - You have a right to request a list of disclosures we have made of your health information to others. To request an accounting, please complete a "Request for an Accounting" form available from us.

Right to request alternative or confidential communications - You have the right to request that we communicate with you about your health information in a specific way or only at a certain location. For example, you may want us to contact you at work or by mail or that we not use voice mail or E-mail messages. To request alternative communications, please complete the "Request for Alternative Communications" form available from us. We will accommodate all reasonable requests.

Right to Complain - If you believe your privacy rights have been violated, you may file a complaint with us, the Secretary of the Department of Health and Human Services (HHS), and/ or the California Department of Health. To file a complaint, please complete the "Privacy Complaint" form available from us or send us a letter about the problem. Complaints to HHS or the Department of Health should also be submitted to them in writing. We will not retaliate or take action against you for filing a complaint.

#### Right to Notice of Security

Breaches - We will provide you notice as required by law of a breach of security that results in unlawful access to your information.

#### We Need Your Permission

Certain uses and disclosures of your health information require your authorization such as release of records to an insurer when you apply for coverage, disclosures related to employment applications, for research, and for marketing purposes. We will ask for authorization before recommending products and services that we are paid to endorse. Other restrictions apply to records of communicable disease, psychotherapy notes, genetic testing, and to substance abuse. When necessary, we will request your authorization for release of your health information and we will not condition treatment on your authorization.

#### We Need Someone Else's Permission

These rights and obligations apply to the person who has the right to control the health information. Sometimes, this right belongs to a minor or guardian and we have an obligation to respect these rights. We will let you know when such a law applies.

#### Change to this Notice

From time to time we may change this Notice. We reserve the right make the changed Notice effective for health information we already have about you as well as for any information we may receive about you in the future. We will post a copy of the new Notice at our office and on our website.

For privacy questions or requests for health records contact:

Communi-Qi Acupuncture  
1729 Seabright Ave. Suite E

Santa Cruz, CA 95062

By signing below, I agree that I read and understood my privacy rights in this Notice.

\_\_\_\_\_  
Signature of Patient or legally authorized person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Relationship to Patient