

## HIPAA NOTICE OF PRIVACY POLICIES

This notice describes how your medical information may be used and disclosed and how your privacy is being protected. The privacy of your medical information is important to us and we are committed to protecting your medical records. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. In order to maintain the level of service that you expect from our practice, we may need to share limited personal medical and financial information. This notice will also describe your rights and certain duties we have regarding the use and disclosure of medical information.

### ***How Our Practice May Use or Disclose Your Health Information***

Our acupuncturist collects health information about you and stores it in a chart kept separate from other information. Your medical records are the property of WellPoint Healing Center, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

**Treatment:** We use medical information about you to provide your medical care. We may disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians, health care providers or other health care facilities that will provide services that we do not provide. We may disclose medical information to family or others who can help you when you are sick or injured. However, the detailed information gathered in acupuncture/herbal consultations will be kept private from others for whom it is outside their scope of practice.

**Health Care Operations & Payment:** We use and disclose medical information about you to obtain payment for the services we provide and perform daily operations. For example, we may use and disclose this information to review and improve quality of care, or the competence and qualifications of our professional staff.

**Appointment Reminders:** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Notification & Communication with Family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Required by Law:** We will limit our use and disclosure of your health information to relevant requirements of the law. When the law requires us to report abuse, neglect, domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

**Public Health:** We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**Judicial and Administrative Proceedings:** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

**Law Enforcement:** We may, and are sometimes required by law, to 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, warrant, grand jury subpoena and other law enforcement purposes.

**Public Safety:** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

#### ***When Our Practice May Not Use or Disclose Your Health Information***

We will not use or disclose health information that identifies you without your written authorization except as described in this Notice of Privacy Policies. If you do authorize our clinic to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

#### ***Your Health Information Rights***

**Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

**Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

**Right to Inspect and Copy:** You have the right to inspect and copy your health information with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect or copy the record. We will charge a reasonable fee, as allowed by Massachusetts law. We may deny your request under limited circumstances. If we deny your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to your child, you will have a right to appeal our decision.

#### ***Changes to this Notice of Privacy Practices***

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

#### ***Questions and Complaints***

Questions and complaints about this Notice of Privacy Practices or how our clinic handles your health information should be directed to Sarah Babcock at WellPoint Healing Center during regular business hours. If you are not satisfied with the manner in which our practice handles a complaint, you may submit a formal complaint without the risk of penalization to: Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.

## **PRIVACY POLICIES ACKNOWLEDGEMENT**

I have received, read and understood the Notice of Privacy Policies. I understand how WellPoint Healing Center may use or disclose my health information. I understand when this practice may not use or disclose my health information. I understand my health information rights and understand that the office reserves the right to change this Notice of Privacy Practices. I also understand how to place a complaint regarding this Notice and have also been provided the opportunity to review and question the privacy policies of the practice.

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Signature of Patient or Authorized Representative

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Date