

## NOTICE OF PRIVACY POLICIES

Effective March 1, 2008

**We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately. This notice describes how we may utilize and/or disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted by law. This notice outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide to you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care.**

### **How we may use or disclose your health information:**

**For treatment**—Only with your written approval, we may disclose your health information to your physician or another health care providers to be sure those parties have all the information necessary to diagnose and treat you.

I authorize treatment plans and/or test results to be discussed or sent to the following People, Doctors or Clinics:

_____	_____
Name	Phone
_____	_____
Name	Phone

We may call your name in the lobby when we call you for an appointment.

**For payment**—We may utilize and disclose our health information to others so we can receive payments for treatments rendered. For example, a bill may be sent to you or your insurance company. The bill may contain information that identifies you, your diagnosis, and treatment and supplies used in the course of treatment. We may disclose your information to a third party that performs services, such as bill collection, on our behalf. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

**Appointment reminders**—We may use and disclose your health information in order to contact you and remind you of an upcoming appointment for treatment. We may also contact you by telephone to inquire on your well-being after receiving a treatment. In addition, we may send you newsletters or flyers throughout the year to provide you with the latest information on acupuncture and oriental medicine.

### **We are required by law to utilize and/or disclose your health information without your authorization for the following purposes:**

**As required by law**—We may use and disclose your health information when required to do so by federal, state, or local law, for example, to comply with a court order, warrant, subpoena, summons, or similar process.

**Workers' Compensation**—We may disclose your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Other uses and disclosures of your health information**—Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by the revoked authorization, except to the extent that we have taken action in reliance on your authorization.

## Your Rights Regarding Your Health Information

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

**Right to Request Restrictions**—You have the right to request restrictions on how we use and disclose your health information for treatment, payment, or health care operations. We are not required to agree to your request. If we do agree, we will comply with your request to the best of our ability. To request restrictions, you must make your request in writing.

**Right To Request Confidential Communications**—You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or at home. To request confidential communications, you must make your request in writing. We will not ask the reason for your request. We will attempt to accommodate all reasonable requests.

**Right to Inspect and Copy**—You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes medical and billing records. To inspect and copy your health information, you must make your request in writing by filling out the appropriate form provided by us. If you request a copy of your health information, we will charge a fee for the copying, mailing or preparing the requested documents.

**Right to Amend**—If you feel that your health information is incorrect or incomplete, you may request that we amend your information. To request an amendment, you must submit your request in writing.

**Right to a Paper Copy of This Notice**—You have the right to a paper copy of this notice at any time.

**Right to Complain**—If you have any questions about this notice, or would to file a complaint about our privacy practices, please direct your inquiries in writing. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

### Changes to This Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a current copy of the Notice at the front desk and check out areas. Each new version of the Notice will have an effective date listed on the first page.

**I have read and understand the above Privacy Practices of Debbie Young, L.Ac.  
A copy of this signed document is available upon request.**

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed Name* \_\_\_\_\_

*Staff Signature* \_\_\_\_\_ *Date* \_\_\_\_\_