

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS. If you have any questions about this notice please contact Sara Layton at 410-833-0801

WHO WILL FOLLOW THIS NOTICE

This notice describes our office's practice and that of:

- Any health care professional authorized to enter information into your medical chart.
- All employees and staff personnel

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting it. We create a record of care and services you receive in our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of our records of your care generated by our facility. You have the right to request restrictions on how this information is used, to authorize disclosure of your records to others, and be given an account of these disclosures.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of this notice that is currently in effect.

HOW WE MAY DISCLOSE AND USE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways. Not every use or disclosure category will be listed.

For Treatment: We may use medical information about you to provide you with acupuncture/ healing treatment or services. We may disclose medical information about you to family members or others who play a role in your medical care.

For Payment: We may disclose and use medical information about you so that the treatment and services you receive at this facility may be billed and payment collected from your insurance company and or third party.

Appointment Reminders: We may disclose and use medical information to contact you as a reminder that you have an appointment for treatment.

Treatment Alternatives: We may use and disclose medical information to tell you about health-related benefits and services that may be of interest to you.

As required by law: We will disclose medical information about you when required to do so by federal, state and local law.

To avert Serious Threat to Health and Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety, or the health and safety of another person. Any disclosure would only be to someone able to help prevent the threat.

Workers Compensation: We may release medical information about you for workers compensation or a similar program. These programs provide benefits for work-related illnesses.

Public Health Risks: We may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including abuse, neglect, or domestic violence. We may also, when we are authorized by law to do so, notify a person who may

have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court order, subpoena, or other lawful process, whether submitted by you or by someone else.

YOUR INDIVIDUAL RIGHTS

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

Right to Inspect and Copy: you have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records. You must submit your request in writing. We may charge for the cost of copying, mailing, or other associated supplies associated with your request.

Right to amend: if you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment if it is not in writing, or does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, is not part of the medical information kept by us, is not part of the information which you would be permitted to inspect or copy, and is accurate and complete.

You have a right to a paper copy of this notice, at any time.

Changes to this notice: we reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. This notice is dated 7/17/2007.

Complaints: if you believe your privacy rights have been violated, you may file a complaint with this facility or the U.S. Department of Health and Human Services

200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, D.C. 20201
1-800-368-1019

You may file your complaint with no fear of retaliation.

I have read and agree with the above information

Patient signature

date