

## NOTICE OF PRIVACY PRACTICES

### Health Insurance Portability and Accountability Act (HIPAA)

In accordance with HIPAA Privacy Regulation, this Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law, and how you may gain access to this information. The Notice also describes your rights and our requirements to protect your health information. We will ask you to sign an acknowledgement that you have received this Notice of Patient Privacy Practices.

#### **Treatment, Payment, and Health Care Operations**

**For purposes of treatment:** We will use your information to help us diagnose and design a course of treatment for you. We may also, for the purposes of treatment, disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

**For payment services:** We will bill you and/or a third party payor for the cost of treatment and herbs provided to you. The information on or accompanying the bill may include your identification, diagnosis, medical information, procedures, as well as the herbs you are taking, and supplies used.

**For health care operations:** We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as defined in the federal Privacy Regulations, i.e. efficient functioning of the office, safety, and in accordance with the law.

#### **Other uses and disclosure of protected health information permitted or required by regulation**

The following is a description of other possible ways we may use and/or disclose your protected health care information:

**Friends and family:** we may disclose your information to friends and family in case of emergency to the extent necessary to help with your health care.

**Disclosure to the U.S. Department of Health and Human Services DHHS:** when the U.S. DHHS is investigating or determining our compliance with the federal Privacy Regulations, we are required to disclose your information.

**Abuse or neglect:** we are required by law to disclose your information to pertinent authorities if we believe that you may be a possible victim of abuse, domestic violence, neglect, or other crimes.

**Public health and safety:** we may release your information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law enforcement:** we may disclose your information to law enforcement authorities or agencies in response to a court order, subpoena, discovery request, or administrative order.

#### **Patients Rights**

Your health record is the physical property of our office, you have however rights to the following:

- Inspect and request a copy of your health record.
- Request a restriction on certain uses and disclosures of your information. However, by law we are not required to comply with the restriction request. The law supercedes your request for restriction, but we will exhaustedly protect your information as much as possible.
- Request that we amend your record if you think it is incomplete or incorrect.
- Obtain an accounting of disclosures we made of your records.
- Obtain a paper copy of this notice of information practices.

You may exercise your rights by providing us with a written request.

**For more information or to report a problem:** If you have questions regarding the privacy guidelines or would like additional information, you may contact us. You may also file a written complaint with our office if you feel your rights have been violated, or with the DHHS. We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or the DHHS.