

Essence of Acupuncture LLC – Privacy Notice

421 Church St., NE, Suite E, Vienna, VA 22180

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice takes effect on January 1, 2013, and remains in effect until we replace it. Your medical record and its privacy are important to us. Each time you visit us, a record of your visit is made, typically containing your examination results, diagnosis, treatment and plans for future care. This record is a means of communication among the health professionals who contribute to your care; it is a legal document describing your care, and it is also a means by which you or a third party payer can verify that services billed were actually provided. It may be a source of information for public health officials and it is also a tool which we can use to help us as we continue to work to improve quality of care.

OUR RESPONSIBILITIES

It is our duty, and is required by law, to keep your medical information (or Protected Health information, PHI) private. We will not use or disclose your PHI without your authorization, except as described in this notice. We reserve the right to change our privacy practices and to make new provisions effective for all PHIS we maintain, at any time. Should our information practices change, we will update our privacy notice and post the new notice in the waiting area and in each examination room. You may request a copy of our notice at any time.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

There are different ways that we use and disclose PHI, listed here. **We will not use or disclose your PHI for any purpose not listed below, without your specific authorization.**

For Treatment: We may use your PHI to provide you with medical treatment. Information obtained may be disclosed to other health care providers to assist them in treating you.

For payment: We may disclose your PHI for payment purposes.

For Health Care Operations: We may use and disclose your PHI to assess the care and outcomes of our care. This information can be used in an effort to improve the effectiveness of the care and services that we provide.

OTHER USES AND DISCLOSURES

Business Associates: There are some services provided to, or in association with, our practice through contacts with business associates. We may disclose your PHI to our associates so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. To maintain protection of your PHI these associates are required to appropriately safeguard your information, although we are not responsible if they disclose your PHI in such a way as to violate the privacy standards.

Notification: We may use/disclose your PHI to notify or assist in notifying a family member, personal representative or another person responsible for your care of your location and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care of payment related to your care.

Funeral Directors: We may disclose PHI to such persons consistent with applicable law.

Organ Procurement Organizations: We may disclose PHI to such organizations/entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable law.

Food and drug Administration (FDA): We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose PHI to the extent authorized by and necessary to comply with laws relating to workers compensation or similar programs.

Public Health: As required by law, we may disclose PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institutions, Law Enforcement: If you are an inmate of a correctional institution, we may disclose PHI to the institution or its agents necessary for your health, and the health and safety of other individuals. PHI may be disclosed for law enforcement purposes as required by law, or in response to a valid subpoena.

Federal law makes provision for your PHI to be released to an appropriate health oversight agency, public health authority, or attorney; provided that a workforce member or business associate believes that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

YOUR INDIVIDUAL RIGHTS

You have the right to:

1. Look at or get copies of your PHI. You may request, which must be in writing, photocopies or copies in other formats. We will use the format that you request unless it is not practical for us to do so. You may get the form to request access by sending a letter to The Essence of Acupuncture LLC office. If copies are requested, we will charge you a fee based on per page bases plus postage and handling fee (allowed by Virginia law) if you want the copies mailed.
2. Receive a list of all times if we or our business associates have shared your PHI for purposes other than treatment, payment and health care operations, and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in cases of emergency.
4. Request that we change your PHI. We may deny your request if you did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, or the change and to include the changes in any further sharing of that information.

QUESTIONS AND COMPLAINTS

If you have any questions or if you think that we may have violated your privacy rights, please contact the Essence of Acupuncture LLC office. You may also submit a written complaint to the US Department of Health and Human Services.

I have been provided with a copy of the notice of privacy practices:

Print Patient Name (and Legal Representative, if applicable)

Signature of Patient or Legal Representative

Date

Relationship to Patient if signed by Legal Representative