



# Acuharmony Wellness

## **More About How Your Health Information May Be Used**

### **For Law Enforcement**

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

### **Family, Friends and Caregivers**

We may share your health information with those you tell us will be helping you with your care. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information and only when it will be important to those participating in providing your care.

### **Medical Research**

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

### **Authorization To Use Or Disclose Health Information**

Other than is stated above, or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

## **Patient Rights**

The new law states that you have the following rights related to your health information.

### **Restrictions**

*You have the right* to request restrictions on certain uses and disclosures of your health information. We will make every effort to honor reasonable restriction preferences from our patients.

### **Confidential Communications**

*You have the right* to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no one else present, or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

### **Inspect And Copy Your Health Information**

*You have the right* to read, review, and copy your health information, including your complete chart and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

### **Amend Your Health Information**

*You have the right* to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be accurate and complete.

### **Documentation Of Health Information**

*You have the right* to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment, or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. We may need to charge you a reasonable fee for your request.

### **Request A Paper Copy Of This Notice**

*You have the right* to obtain a copy of this Notice Of Privacy Practices directly from our office at any time. Stop by or give us a call and we will send a copy to you. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised notice

### **Complaints**

*You have the right* to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express any concerns you may have regarding the privacy of your information. Please let us know of your concerns or complaints in writing.

## **Protecting Your Confidential Health Is Important To Us**

### **Notice Of Privacy Practices**

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

We want you to know about the new Federal law that protects the confidentiality of your health information. The law is called the Health Insurance Portability and Accountability Act and it is known as HIPAA for short.

### **What has Changed?**

We have always worked to keep your health information confidential. What is new is that the Federal Government has developed new standards for protecting the privacy of this information. This has challenged us to review how information about you is used not only in our medical records, but also with the telephone, faxes, copy machines, and mailings. Since our office is subject to State and Federal law regarding the confidentiality of your health information, we want you to know about the policies and procedures that we developed to make sure your health information will not be shared with anyone who does not require it and to inform you about your rights as our patient.

### **What is your Health Information?**

According to the HIPAA law, your "Protected Health Information" is any information about you that can identify you. This includes your health records and such things as your name, telephone number, address, and dates such as your birthday, start of treatment and appointments.

## **How Your Health Information May Be Used**

We will use and communicate your health information only for the purposes of providing your treatment, obtaining payment and conducting our clinic operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

### **To Provide Information**

We will use your health information within our clinic to provide you with the best health care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between staff members. In addition, we may share your health information with referring physicians, pharmacies, or other health care practitioners providing you treatment.

### **To Obtain Insurance Reimbursement**

We may include your health information with an invoice used to help you collect payment for treatment you receive from us.

### **To Conduct Clinic Operations**

Your health information may be disclosed during audits by government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing, or credentialing activities.

### **In Patient Reminders**

Because we believe regular care is very important to your health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow-up on your care and inform you of treatment options or services that may be of interest to your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best care possible. It may include postcards, letters, telephone reminders or electronic reminders such as email (unless you tell us that you do not want to receive these reminders).

### **Abuse Or Neglect**

We will notify government authorities if we believe a patient is the "victim" or "perpetrator" of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with the patient's agreement.

### **Public Health And National Security**

We may be required to disclose to government officials health information necessary to complete any investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit from such disclosure.