

Notice of Information Practices

HIPAA Compliancy

Arielle's Apothecary/Source Acupuncture

Effective date : October 8, 2008

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!

With your consent, the practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Notice of Privacy Practices for Protected Health Information

Your health information may be disclosed for:

Treatment Purposes: Information obtained by your acupuncturist will be recorded in your record and used to determine the course of treatment that should work best for you. They will record actions they took during your session and their observations. In that way, the acupuncturist will know how you are responding to treatment. During the course of your treatment, the acupuncturist may determine a need to consult with another specialist in the area or your Doctor, with your permission. They will share information with such specialist and obtain input.

Payment Purposes: Example: We submit a request for payment to your health insurance company. The health insurance company may request information from us regarding medical care given. We will provide information to them about you and the care given. Any insurance billing may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations: For example: Healthcare providers within the organization may use information in your health record to assess the care and outcomes in your case and others. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

Other Disclosures and Uses

Notification Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Food and Drug Administration (FDA) We may disclose to the FDA your protected health information relating to adverse events with respect to products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

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

Abuse, Neglect or Domestic Disturbance We may disclose your protected health information to public authorities as allowed by law if we reasonably believe that you may be a victim of abuse, neglect or domestic violence.

Law Enforcement We may disclose your protected health information for law enforcement purposes as required by law in response to a valid subpoena.

Legal Matters In the event of a claim, litigation or other legal proceeding or contemplated legal matter, we may disclose health information to our attorneys and individuals or organizations working for them, or to a court officer if a judge orders us to do so.

Health Oversight Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Other Uses Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Your health information rights:

The health record we maintain and billing records are the physical property of the practice. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not required to grant the request but we will comply with any request granted, provided the request is not contradictory to reporting requirements mandated by the Center for Disease Control or to laws mandating the release of information to public law enforcement agencies or the court of law.
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to our office; Appeal a denial of access to your protected health information except in certain circumstances; Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office; File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care; communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office. If you want to exercise any of the above rights, please contact our office at 201-526-4684.

Our Responsibilities

The practice is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice of our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and accommodate your reasonable requests regarding methods to communicate health information with you.
- We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice.
- You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "HIPAA Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact our office at 201-526-4684. Additionally, if you believe your privacy rights have been violated, you may file a written complaint by delivering it to our office. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the practice. We cannot, and will not, retaliate against you for filing a complaint with the Secretary.