

Notice Of Privacy Policies

This notice describes how patient health information may be used and disclosed. It also describes how a patient can access his or her health information. In this document the “you” refers to the patient.

PLEASE REVIEW THE FOLLOWING INFORMATION CAREFULLY

Understanding Your Health Record:

A record is made each time you visit the clinic for treatment. This record contains information regarding your symptoms, observations, and diagnosis by the Acupuncturist and details of the treatment. This record may also contain other pertinent information provided by you or other health care practitioners with whom you are under the care of.

Patient Rights to the Health Information:

Your health record is owned by Healing Hands Acupuncture and Herbal Clinic, LLC. However, the content is always available for you to review. You have the right to request a copy of your patient file and to obtain copies of all documents contained in your file. In addition, you may request that the use of your information be restricted from certain uses and disclosures, and to request a list of individuals or entities to whom your information have been disclosed to. All requests must be in writing. You may revoke any authorizations you have given regarding disclosure of your health information at any time. This revocation must also be in writing.

The Acupuncturist’s Responsibilities:

The Acupuncturist is required to maintain the privacy of your health information and to provide you with a copy of this Notice of Privacy Policies. They will follow the terms of this notice and advise you if they are unable to comply with a request you may make regarding the use of your health information. They reserve the right to amend their privacy policies and will notify you of any such amendments. **They will not use or disclose your health information without your written consent except in one of the situations described in this notice.**

I, _____, have received a copy of this Notice of Privacy Policies and a copy of the Practices Regarding Disclosure of Patient Health Information. I understand that my health information will be used and disclosed in accordance with these policies.

Patient Name (please print): _____

Patient Signature (Guardian Signature if under 18): _____

Date: _____

PRIVACY POLICIES REGARDING PATIENT HEALTH INFORMATION

Healing Hands Acupuncture and Herbal Clinic, LLC is committed to providing acupuncture and herbal medicine services with the utmost integrity and adhering to the highest standards of protecting the privacy of its patients. Information provided by the patient to be used in connection with their treatment, Protected Health Information (PHI), is subject to standards of security and confidentiality as defined under Federal Law and the Health Information Portability and Accountability Act (HIPAA). These standards and practice set forth our procedure in ensuring compliance with requirements of HIPAA.

Privacy Policy

1. Written or electronic files containing PHI must be stored in secured facilities. Written files must be maintained in locked file cabinets and electronic files must be stored in secured databases that are only accessible through passwords and protected codes. Computers must be located away from common reception areas or computer screens must be positioned in such a way that only the authorized personnel will be able to access the information. All personnel must use discretion when discussing PHI in conversations.
2. A Notice of Privacy Policies together with the statement of Practices Regarding Disclosure of Health Information must be provided to all patients at the initial visit. All patients must sign a statement acknowledging receipt of this information. The acknowledgement must be kept for 6 years as part of the Patient Health Record.
3. Patients must advise us on the best form of contact whether by phone, email, or in writing to receive information regarding their care. It is common practice to place appointment reminder calls and to send billing and related information by mail to patients' homes.
4. PHI may be routinely used for treatment, billing, payment, and quality control purposes. PHI may also be used without the patient's consent for the following purposes:
 - a. Uses and disclosures required by law
 - b. Uses and disclosures for public health activities
 - c. Disclosures about victims of abuse, neglect, or domestic violence
 - d. Disclosures for judicial and administrative proceedings
 - e. Disclosures for law enforcement purposes
 - f. Uses and disclosures about decedents
 - g. Uses and disclosures for cadaver or organ donation purposes
 - h. Uses and Disclosures to avert a serious threat to health or safety
 - i. Disclosures for workers compensation
 - j. Disclosures to a State Licensing Board or other professional oversight entities
5. Patients have the right to request restrictions on the use of their PHI, although such request may not always be granted. All such requests must be submitted in writing. We will carefully review all such requests and notify the patient in writing of our decision. A copy of the notification will be maintained in our files. The request will be observed if granted, except in an emergency or in the event that the agreement is terminated.

6. State law pertaining to parent/guardian authorization will apply in the case of a minor. When state law is silent, the Acupuncturist at Healing Hands Acupuncture and Herbal Clinic, LLC will exercise their professional judgment.
7. Non-routine requests for PHI will be reviewed and may require specific patient authorization.
8. Patients may request an account of all PHI disclosures made up to six years prior. Such an accounting will not include disclosures:
 - a. For treatment, payment, and health care operations
 - b. To the patient
 - c. To persons involved in the patient's care
 - d. For national security or intelligence purposes
 - e. To correctional institutions of law enforcement agencies
 - f. Made prior to the enactment of HIPAA
9. In some instances PHI may be used once it has been stripped of all elements of identifiable personal information. Identifiers that may be removed include:
 - a. Name
 - b. All address information
 - c. E-mail address
 - d. Date of birth
 - e. Social security number
 - f. Medical record numbers
 - g. Health plan beneficiary numbers
 - h. Account numbers
 - i. Certificate numbers
 - j. License numbers
 - k. Vehicle identification numbers
 - l. Photographs
 - m. Telephone numbers
 - n. Device identifiers
 - o. URLs
 - p. IP addresses
 - q. Biometric identifiers
 - r. Zip code, if the geographic unit has a population of less than 20,000
 - s. Any other unique data which when used alone or in combination with other information might identify the individual who is the subject of the information
10. We are required to act on written requests for onsite review of PHI within 30 days upon the receipt of the request. If copies are requested, a reasonable copying fee may be charged. Patients do not have the right to access:
 - a. Psychotherapy notes
 - b. Information relating to criminal, civil, or administrative procedures

- c. PHI lawfully prohibited from release because it is subject to or exempted from Clinical Laboratory Improvements Amendments (CLIA)
 - d. Information created by someone other than us or given to use under a promise not to release
11. Patients have the right to request amendments to their PHI. Requests to amend must be made in writing, clearly stating the requested amendment and the reason for the request. We will provide a written response within 60 days. If unamended information had previously been provided to third parties, we will undertake to advise any such person of the amendment. If the request is denied, a written statement regarding the decision will be provided.
12. Amendments Rights do not apply in the following circumstances:
- a. The information is not part of the patient's file
 - b. The information is accurate and complete
 - c. The information was not created by Healing Hands Acupuncture and Herbal Clinic, LLC
13. We will designate a person who shall be responsible for implementing our patient privacy policies and HIPAA policies. This person will also be responsible for training all staff members in these policies and procedures. All employees will be required to sign an Employee Agreement Form acknowledging that they have undergone training and understand their obligations. Employee infractions of HIPAA will result in disciplinary action and may result in termination of employment. Similarly, any third party vendor who has access to PHI must acknowledge that they are HIPAA compliant in all services provided to this clinic.
14. Any patient who exercises his/her rights under HIPAA will not be adversely treated. The staff is prohibited from intimidating, threatening, coercing, discriminating, or retaliating against any patient who exercises his HIPAA rights.
15. Any patient wishing to appeal a decision or file a complaint regarding HIPAA violations should contact the Secretary of DHHS within 180 days of the alleged violation. All personnel shall cooperate with any resulting investigation. Complaints are to be filed at:

Offices for Civil Rights
U.S Dept of Health and Human Services
200 Independent Ave, S. W.
Washington, D.C. 20201
HOTLINE: 1-800-368-1019

PRACTICES REGARDING DISCLOSURE OF PATIENT HEALTH INFORMATION

Patient health information will be routinely used for treatment, payment, and quality monitoring. Consent is not required in these circumstances:

1. Treatment – Information obtained will be entered into the patient’s treatment record and used throughout the course of the treatment. Patient health information will be shared with other healthcare practitioners if deemed appropriate while exercising our professional judgment. Information regarding assessment of the patient’s health and information regarding consultation, may also be retained in the patient’s file.
2. Payment – Patient’s record will be used to receive payment for services. An invoice or other payment information may be mailed to the patient’s home or to a third party provider. That information will likely contain diagnostic information, practitioner impressions, and treatment procedures.
3. Quality monitoring – We will use the patient’s health information to assess the progress of the treatment. This information may also be used in conjunction with various scientific studies regarding a specific condition or Chinese Medicine itself.

The following disclosures are required by law and do not require a patient’s consent:

1. Food and Drug Administration (FDA) – We are required to disclose to the FDA health information related to any adverse effect of foods, supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacement.
2. Workers Compensation – We will release health information to the extent required under the Workers Compensation Law.
3. Public Health – We are required to disclose health information to public health entities/or legal authorities responsible for tracking birth and morbidity, communicable disease, injury, or disability and matters relating to organs/cadaver donations.
4. Law Enforcement – We are required to provide health information to law enforcement and professional oversight personnel under State and Federal Law. Similarly, we will disclose such information in the event that we believe the patient is at risk of harming himself or others.