

HIPAA PRIVACY POLICY

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 REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

The terms of this Notice of Privacy Practices (“Notice”) applies to **Anderson Integrative Acupuncture**, its affiliates and its employees. **Anderson Integrative Acupuncture** will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information.

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your information. We must follow our privacy practices that are described in this Notice while it is in effect. This notice is effective as of January 1, 2020 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information we maintain, including health information we created or received before we made the changes. Any significant changes in our privacy practices will be made available to you in the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or any additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We use health information about you for treatment and healthcare operations.

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Healthcare Operations: We may use your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, assessing the quality of care and outcomes in your case and similar cases, and determining how we can make improvements in the care and services we provide.

Appointments/Follow-up Calls: We may use information to contact you as a reminder that you have an appointment for treatment or follow-up regarding care received at our office.

Individuals Involved in Your Care: We may share information with a family member or other person identified by you or who is involved in your care or payment related to your care. We may tell family or friends your condition. If you do not want information about you released to those involved in your care, see instructions for requesting a restriction under Your Health Information Rights.

Required By Law: We may use or disclose your health information when we are required to do so by federal, state or local law. For example, we may disclose your health information to respond to a court order or subpoena.

Health and Safety: We may disclose health information about you to avert a serious threat to the health and safety of you, any other person or the public.

National Security: We may disclose your health information to federal officials for intelligence, counterintelligence and national activities authorized by law.

Public Health Risks: We may disclose information for the following health activities:

- * To prevent or control disease, injury or disability.
- * To report information related to victims of abuse or neglect.
- * To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Treatment Alternatives: We may use and disclose health information to tell you about or recommend possible treatment options or other health-related benefits and services that may be of interest to you.

Other Uses and Disclosures: We are permitted and/or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization for the following:

- Any purpose required by law;
- Public health activities such as required reporting of immunizations, disease, injury, birth and death, or in connection with public health investigations;
- If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect or domestic violence;
- To the Food and Drug Administration to report adverse events, product defects, or to participate in product recalls;
- To a government oversight agency conducting audits, investigations, civil or criminal proceedings;
- Court or administrative ordered subpoena or discovery request;
- To law enforcement officials as required by law if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To coroners and/or funeral directors consistent with law;
- To workers' compensation agencies for workers' compensation benefit determination.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- * Request to inspect and/or obtain a copy of your health information and billing records. We may charge a fee for the costs associated with copying and/or mailing the information.
- * Request a restriction on certain uses and disclosures of your health information. We will make every attempt to honor your request. However, we are not required to agree to your request for a restriction. In some instances, we may be required by law to share your health information.
- * Receive a list of all instances of our use or disclosure of your health information for purposes other than treatment, and healthcare operations.
- * Request to amend your health information. If you feel that the health information we have about you is incorrect or incomplete, you may request an amendment. Your request must be in writing and it must explain why the information should be amended. If the health information is found to be incorrect or incomplete, we will make an amendment to your health information. We may deny your request under certain circumstances.
- * Request confidential communications. You may request that we communicate

with you about health information in a particular manner or at a location other than your permanent address. For example, you may request that we contact you by mail rather than by telephone, or at work rather than at home. It is your responsibility to make sure we have the correct contact information.

* Receive a paper copy of this notice. You may request a copy of this notice at any time.

Obligations of Anderson Integrative Acupuncture

We are committed to:

- * Making sure that health information that identifies you is kept private.
- * Provide you with this notice of our legal duties and privacy practices with respect to your health information.
- * Follow the terms of the notice.
- * Notify you if we are unable to agree to a requested restriction on how your health information is used or disclosed.
- * Accommodate reasonable requests for communication of your health information in a particular manner or to a location other than your permanent address.
- * Obtain written authorization to disclose your health information for reasons other than those listed in this notice and permitted under law.

We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

QUESTIONS OR CONCERNS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information provided at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated at this or any health care facility.

Paper Copy of this Notice: You have a right, even if you have agreed to receive

notices electronically, to obtain a paper copy of this Notice. To do so, please submit a request to the Privacy Officer at drandersonacu@gmail.com.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the below address. You will not be penalized in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

U.S. Department of Health & Human Services

Office for Civil Rights

150 S. Independence Mall West

Suite 372

Philadelphia PA 19106-3499

For Further Information: If you have questions, need further assistance regarding or would like to submit a request pursuant to this Notice, you may contact the Anderson Integrative Acupuncture Privacy Officer by phone at (610) 657 - 0056 or at drandersonacu@gmail.com.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. We fully support your right to the privacy of your health information.