

NOTICE OF PRIVACY PRACTICES

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. Please review carefully.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

TYPES OF INFORMATION THAT WE GATHER AND USE:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

OUR DUTY TO PROTECT YOUR PRIVACY:

- We comply with federal and state law to maintain the privacy of your health information.
- We provide you a notice of our privacy practices that includes our legal duties, your rights concerning your health information, and contact information for further guidelines and making complaints.
- We maintain reasonable and appropriate administrative, technical, and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information. Policies and procedures for handling information.
- We train any personnel concerning our privacy policies and procedures.
- We abide by the terms of this notice, our privacy policy and procedures.

YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD:

Although your health record is the physical property of Park Acupuncture and Herbal Medicine Clinic, you have certain rights with regard to the information contained therein. You have the right to:

- Review and obtain a copy of your protected health information, except in certain circumstances. We reserve the right to charge a reasonable, cost-based fee for making copies.
- Request a correction of your health information in writing that is inaccurate or incomplete. We may deny your request under certain circumstances.
- An accounting of the disclosures of your protected health information.
- Request restrictions on certain uses and disclosures of protected health information. We are, however, not required to agree to requests for restrictions. If we do agree with restrictions, we must abide by them except the treatment in a medical emergency.
- Request a reasonable alternative means or location to receive communications of protected health information.

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please contact us during regular business hours.

If you feel that we have violated your privacy rights, you have the right to file a written complaint with our office, or HHS (Dept. of Health & Human Services).