Notice of Privacy Policies

Our office is dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways:

- Information we receive from you.
- Information we receive from other healthcare providers.
- Information we receive from third party payers.

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the **treatment**, **payment**, and **healthcare operations**. We will only use and/or disclose your protected health information when the law allows us to do so. Any other use and disclosures will be made only with your authorization and, in those instances; you have the right to revoke that authorization. And if so, that authorization would be honored, where legal to do so, from that date forward.

Treatment: For example, from time to time, we may decide that it is medically necessary to refer you to a specialist for additional care. We will need your medical information in order to be able to treat you and that is why we send out your records.

Payment: Some of our patients utilize medical insurance that actually pays for their treatment. The insurers require your medical information to know how to pay us or your care and that is why we send out your records.

HealthCare Operations: We are allowed to disclose your medical information if that is necessary for our office to function efficiently. There are also times when we may need the help of a special vendor, such as a medical billing specialist, and we would then send your records to that vendor in order for us to carry on our business.

You may specifically authorize us to use protected health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected health information.

We reserve the right to share your file information within the confines of the professional practices of Healing Rivers Acupuncture & Community Center.

Marketing

This office will not use your health information for marketing communications without your written authorization. This office may send birthday cards, holiday cards, thank you cares, newsletters and appointment reminders, by calls, postcards or letters.

Disclosure

This office may use or disclose your Protected Health Information when required by law. This includes but is not limited to Public Health needs, Health Oversight requirements, and issues of abuse or neglect, legal proceedings.

Patient Rights

- **Upon written request you have the right to access, review or receive copies of your healthcare records.** Exceptions are: 1) psychotherapy notes; 2) information we gather in

preparation of an administrative action or proceeding; 3) data that is subject to certain provisions of the Clinical Laboratory Improvements Act. We may deny your request (in writing) under certain limited circumstances. Generally, if we agree to provide you with a copy of your records, we will do so within 15 days after you ask for it. We will charge you a reasonable, cost-based fee for the records.

- **Upon written request you have the right to receive a list of items this office disclosed abut your healthcare information.** We are required to give you that data except for any use of disclosure: 1) or treatment, payment and/or health care operations; 2) made with your authorization; 3) that we make to you; 4) for any national security or intelligence purposes; 5) made before April 14, 2003; or 6) that does not require your authorization. We will provide this date for you (generally within 60 days) at no charge once each year, but after that, we will require that you pay a reasonable fee-based charge for the information.
- **You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.** You may ask that we limit the use and disclosure of your protected health information; we are not required to accept your request. If we do agree, however, we will do as you wish except in an emergency. You may submit your request to us in writing and tell us: 1) what information you want us to limit 2) how you want us to limit that data and 3) to whom we are to limit the access to this data.
- **You have the right to request that we amend your Protected Health Information; the request must be in writing.** We have the right to deny that request if you ask about medical information that 1) was not created by us; 2) the information is not part of the medical or billing records; 3) is not part of the records you may access or 4) the medical information is accurate and complete. We may ask that you tell us, in writing, why you want us to amend your medical information. Generally, we must act upon your request within 60 days after the receipt of your request. If we agree to your request, we must make the appropriate amendment and follow the law regarding how and whom we inform about this amendment. If we do not agree, then we will tell you our reasons. You then have additional rights, including an appeal (by someone who did not participate in the decision not to allow you to amend your record) and you have the right to submit a written statement of disagreement.
- **You have a right to receive all notices in writing.**
- **You have the right to receive confidential communication by alternative means or at alternative locations.** Please make this request in writing. We will agree, so long as your request is reasonable, but you must tell us how to communicate with you and you must give us a complete address or contact information.

If you have question, complaints or want more information contact:

Healing Rivers Acupuncture & Community Center
830-627-1111
healingriversacupuncture@gmail.com

Send a written complaint to the U.S. Department of Health and Human Services
This notice is effective as of January 1, 2014. From time to time, we may revise our Notice. If we do, we will post the most current version in our office, and you may ask for a copy of the notice at any time.