

## **Notice of Privacy Policies** **Bobbi Jo Epperson, L.Ac.**

The information provided below illustrates the manner your protected health information could be accessed and released and what you need to know about this process. This important document should be reviewed thoroughly. Managing the privacy of your protected health information is extremely important.

**Legal Responsibilities of the acupuncturist:** As mandated by Federal and State legal requirements, your protected health information must be protected. As part of these regulations, the acupuncturist is required to ensure that you are aware of privacy policies, legal duties, and your rights to your protected health information. This notice of privacy policies, outlined below, will be in effect for the duration during the course of practice and will be in effect until it is replaced. The acupuncturist reserves the right to modify privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. The acupuncturist reserves the right to make the modifications effective for all protected health information that the acupuncturist maintain, including protected health information the acupuncturist created or received before the changes were made. Changing the notice will precede all significant modifications.

**Protected Health Information Use and Disclosure:** Information regarding your health may be used and disclosed for the purpose of treatment, payment, and other healthcare operations.

**Treatment:** Use and disclosure of your protected health information may be provided to a physician or other healthcare provided providing treatment to you.

**Payment:** Your protected health information may be used and disclosed to obtain payment for services the acupuncturist provided to you.

**Healthcare Processes:** The acupuncturist may use and disclose your protected healthcare information in relations with our healthcare process. These processes include an assessment, improvement activities, reviewing the competence or qualifications of healthcare professionals, provider performances and evaluating practitioner, conducting training programs, accreditation, certification, licensing, or credentialing activities.

**Your Authorization:** At any time, you may provide in writing your authorization for use and disclosure of your protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be in writing. If you revoke your written authorization, it will not affect any use or disclosure prior to the revocation. Your protected healthcare information may be use and disclosed to you, as described in the patient rights section of this notice. In addition, your protected health information may be used and disclosed to a family member, friend, or other person to the extent necessary to assist you with your healthcare, but only with your authorization.

**Person Involved In Care:** In order to accommodate the notification of your location, your general condition, or death, your protected health information maybe used or disclosed to a family member, your personal representative, or another person responsible for your care. If you are present and wish to object to such disclosures of your protected health information, you may do so. To the extent you are incapacitated or emergency circumstances exist, the acupuncturist will disclose protected health information using our professional judgment disclosing only protected health information that is directly relevant to the person's involvement in your healthcare. The acupuncturist will use our professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.

**Marketing Health-Related Services:** The use of your protected health information for the purpose of marketing communications is prohibited without your written authorization.

**Required By Law:** Your protected health information may be used or disclosed if required by law.

**Abuse or Neglect:** As required by law, if the acupuncturist has reason to believe that you are the victim of possible abuse, neglect, domestic violence, or other possible crimes, your protected health information may be disclosed to the appropriate authorities. If the acupuncturist has reason to believe the use or disclosure of your protected health information will prevent a serious threat to your health or safety or the health or safety of others the acupuncturist may have to provide the necessary protected health information.

**National Security:** Under some circumstances, the military may require disclosure of healthcare information for armed forces personnel. For the purpose of national security activities, counter intelligence and lawful intelligence, authorized federal authorities may require disclosure of protected health information. Protected healthcare information disclosure may be made to correctional facilities or law enforcement authorities with the lawful authority requiring custody of such information.

**Appointment Reminders:** Your protected healthcare information may be used to assist you with appointment reminders in the form of voicemail messages, postcards, or letters. The acupuncturist may also write a thank you card to whomever referred you to her practice.

**Patient Rights Access:** At all times, you have the right to review your protected health information, with limited exceptions.

**Disclosure Accounting:** You may choose to request a review of every time the acupuncturist discloses your protected health information for reasons other than treatment, payment, healthcare information and certain other activities for the last six years.

**Restrictions:** You may request the acupuncturist apply additional restrictions to any disclosure of your healthcare information. The acupuncturist is not required to respond to the application of these additional restrictions. If the acupuncturist agrees to follow your request regarding additional restrictions, the acupuncturist will follow the agreed restrictions unless an emergency situation dictates otherwise.

**Alternative Communication:** You may request how you are communicated to regarding your protected health information. Your request must be in writing and can spell out other ways or other locations regarding your protected health information communication. You must identify agreed upon explanations of payment arrangements under alternative communications.

**Amendment:** You can initiate a written request to amend your protected health information. Included in the amendment must be an explanation why information should be amended. Certain conditions may exist where the acupuncturist may reject your request.

**Electronic Notice:** If you receive a notice electronically, you are entitled to receive the notice in writing as well.

**Questions and Complaints:** If at any time you are unsure or concerned that your protected health information has not been protected or if you believe an error was made in the decision the acupuncturist made about accessing your protected health information; or in the response to a request you made to amend the use or disclosure of your protected health information; or to have the acupuncturist communicate to you by an alternative means or at an alternative location, you have the right to bring this issue forward. You may make a complaint to the U.S. Department of Health and Human Services. The acupuncturist will provide you with the address to file your complaint with the U.S. Department of Health and Human Services at your request.

Privacy of your protected health information remains extremely important; the acupuncturist is committed to ensure your privacy. If you file a concern with the U.S. Department of Health and Human Resources, the acupuncturist will not retaliate in any way. The acupuncturist is available to assist you with any questions, concerns, or complaints.

I have read and understood the privacy policies of Bobbi Jo Epperson, LAc.

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_

**Relationship to Patient (if applicable)** \_\_\_\_\_