

# Academy Acupuncture Clinic

## Notice Of Patient Privacy Practices

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As Required by the Health Insurance Portability and Accounting Act (HIPAA) of 1996

**This notice describes how your health information (as a patient of this practice) may be used and disclosed, and how you can get access to your Protected Health Information (PHI). Please review this notice carefully.**

### **Our Commitment to Your Privacy**

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. In accordance with federal and state laws, we must follow the terms of the Notice of Patient Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with answers to the following important questions.

- How may we use and/or disclose your PHI?
- What are your privacy rights concerning your PHI?
- What are our obligations concerning the use and disclosure of your PHI?

**The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.**

### **If You Have Questions About This Notice, Please Contact:**

**George B. Graf, L.Ac.**

**7610 North Union Blvd. #155 Colorado Springs CO 80920**

**719-278-9696**

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### **1. How May We Use and/or Disclose Your PHI?**

The following categories describe the different ways in which we may use and/or disclose your PHI.

#### **1.1. Treatment**

Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

#### **1.2. Payment**

Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

#### **1.3. Health Care Operations**

Our practice may use and disclose your PHI to operate our business. For example, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

#### **1.4. Appointment Reminders**

Our practice may use and disclose your PHI to contact you and remind you of an appointment.

#### **1.5. Treatment Options**

Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.

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### **1.6. Health-Related Benefits and Services**

Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

### **1.7. Release of Information to Family/Friends**

Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information.

### **1.8. Disclosures Required By Law**

Our practice will use and disclose your PHI when we are required to do so by federal, state or local law.

### **1.9. Use and/or Disclosure in Special Circumstances**

The following categories describe unique scenarios in which we may use or disclose your PHI.

#### **1.9.1. Public Health Risks**

Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the following purposes.

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury, or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

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### **1.9.2. Health Oversight Activities**

Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

### **1.9.3. Lawsuits and Similar Proceedings**

Our practice may use and disclose your PHI in response to a court or administrative order or if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

### **1.9.4. Law Enforcement**

We may release PHI if asked to do so by a law enforcement official under the following circumstances.

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena, or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

### **1.9.5. Deceased Patients**

Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

### **1.9.6. Organs and Tissue Donation**

Our practice may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

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### **1.9.7. Research**

Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the PHI of the decedents.

### **1.9.8. Serious Threats to Health or Safety**

Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

### **1.9.9. Military**

Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

### **1.9.10. National Security**

Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

### **1.9.11. Inmates**

Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for one or more of the following reasons.

- For the institution to provide health care services to you
- For the safety and security of the institution
- To protect your health and safety or the health and safety of other individuals

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### 1.9.12. Workers' Compensation

Our practice may release your PHI for workers' compensation and similar programs.

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### 2. What Are Your Privacy Rights Concerning Your PHI?

Under the HIPAA Privacy Rule, you have the following rights regarding your PHI.

#### 2.1. Confidential Communications

You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **George B. Graf, L.Ac.** specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.

#### 2.2. Requesting Restrictions

You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to **George B. Graf, L.Ac.** Your request must describe the following in a clear and concise fashion.

- The information you wish restricted
- Whether you are requesting to limit our practice's use, disclosure or both
- To whom you want the limits to apply

#### 2.3. Inspection and Copies

You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **George B. Graf, L.Ac.** in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

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### 2.4. Amendment

You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **George B. Graf, L.Ac.** You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

### 2.5. Accounting of Disclosures

All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented (for example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to **George B. Graf, L.Ac.** All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

### 2.6. Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **George B. Graf, L.Ac.**

### 2.7. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact **George B. Graf, L.Ac.** All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

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### 2.8. Right to Provide an Authorization for Other Uses and Disclosures

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

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### 3. What are Our Obligations Concerning the Use and Disclosure of Your PHI?

It is the policy of our practice that all physicians and staff are obliged to preserve the integrity and confidentiality of Protected Health Information (PHI) pertaining to our patients. The purpose of this policy is to ensure that our practice and its physicians and staff have the information necessary to provide the highest quality medical care possible while protecting the confidentiality of the PHI of our patients to the highest degree possible. Patients should not be afraid to provide information to our practice and its physicians and staff for purposes of treatment, payment and healthcare operations (TPO).

To that end, our practice and its physicians and staff assert the following.

1. We will adhere to the standards set forth in the Notice of Patient Privacy Practices.
2. We will collect, use, and disclose PHI only in conformance with state and federal laws and current patient covenants and/or authorizations, as appropriate. We will not use or disclose PHI for uses outside of TPO, such as marketing, employment, life insurance applications, etc. without authorization from the patient.
3. We will use and disclose PHI to remind patients of their appointments only with their consent.
4. We recognize that PHI must be accurate, timely, complete, and available when needed.
5. We will implement reasonable measures to protect the integrity of all PHI maintained about patients.
6. We recognize that patients have the **right** to privacy. We will respect the patient's individual dignity at all times. We will respect patient privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of the facility.
7. We will act as responsible information stewards and treat all PHI as sensitive and confidential.
8. We will treat all PHI as confidential in accordance with professional ethics, accreditation standards, and legal requirements.
9. We will not disclose PHI unless the patient (or his or her authorized representative) has properly consented to or authorized such disclosure or the disclosure is otherwise authorized by law.
10. We recognize that, although our practice "owns" the medical record, the patient has a right to inspect and obtain a copy of his/her PHI. In addition, patients have

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the right to request an amendment to their medical records if they believe the information therein is inaccurate or incomplete.

11. We will permit patients access to their medical records when their written requests are approved by our practice. If we deny their request, then we will inform the patients that they may request a review of our denial. In such cases, we will have an on-site healthcare professional review the appeals.
12. We will provide patients an opportunity to request the correction of inaccurate or incomplete PHI in their medical records in accordance with the law and professional standards.
13. We will maintain a list of all disclosures of PHI for purposes other than TPO for each patient. We will provide this list to patients upon written request.
14. We will adhere to any restrictions concerning the use or disclosure of PHI that patients have requested and have been approved by our practice.

All physicians and staff of our practice must adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice's personnel rules and regulations.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **George B. Graf, L.Ac.**