

ELEGANT BALANCE ACUPUNCTURE

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Elegant Balance Acupuncture, Ltd. (referred to as “we” or the “clinic”) are required by federal and state laws to maintain the privacy of “Protected Health Information” (“PHI”) and to provide you with notice about your rights and our legal duties and privacy practices with respect to your PHI. We must abide by the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that may be more stringent than the federal standards. This Notice is effective as of April 12, 2014.

PHI is information about you, including demographic information, that can be reasonably used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of related health care services to you or the payment for that care. This Notice tells you about the ways in which we may collect, use and disclose your PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. Your rights concerning your PHI are also discussed in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI without your authorization for purposes of payment, health care operations and treatment. Examples of these types of uses and disclosures include:

Payment. At the present time, we do not work with any health care plans and accept self-pay only. However, we will be happy to provide any needed information to your insurance company upon your written request for reimbursement.

Health Care Operations. We use and disclose your PHI in order to perform our administrative activities, including data management and customer service. Example: The clinic may use information in your health record to monitor the performance of the acupuncturist providing treatment to you and to improve quality and effectiveness; contact you to provide appointment reminders; describe or recommend treatment alternatives; and offer information about health-related benefits and services that may be of interest.

Treatment. We may use and disclose your PHI to assist your health care providers (doctors, dentists, hospitals, pharmacies, and others) in your diagnosis and treatment. Example: The staff may contact your physician to verify and/or obtain additional information regarding your treatment and PHI may be disclosed in the process.

OTHER PERMITTED OR REQUIRED DISCLOSURES OF YOUR PHI

As Required by Law. We must disclose your PHI when required to do so by law (i.e. Worker’s Compensation).

Public Health Activities. We may disclose PHI to public health agencies for reasons such as preventing or controlling disease, medical injury or disability, and/or posting marketing information to enable product recalls, repairs, or replacements.

Business Associates. There are some services provided by us through contracts with business associates and PHI disclosure may be necessary to perform the job we have asked them to do. To protect your PHI, we require the business associates to abide by the appropriate privacy measures.

Communication with Individuals Involved in Your Care or Payment. Health professionals such as acupuncturists may disclose, using their professional judgment, to a family member, close personal friend or any person you identify, PHI relevant to that person’s involvement in your care or related payments.

Military and Veterans. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate agencies.

Correctional Institution. If you are or become an inmate of a correctional institution, we may release your PHI to the institution or its agents when necessary to protect your personal or public health.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI to government agencies if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose PHI to government oversight agencies as authorized by law, including audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system and compliance with laws and regulations.

Judicial and Administrative Proceedings. We may disclose your PHI in response to a court, administrative order, a subpoena, discovery request or other lawful process.

Coroners, Medical Examiners, Funeral Directors, Organ Donation. We may release PHI to coroners, medical examiners or in connection with organ or tissue donation.

Research. We may disclose PHI about you for research purposes when the research is approved by an institutional review board, provided certain measures have been taken to protect your privacy.

To Avert a Serious Threat to Health or Safety. We may disclose PHI about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Special Government Functions. We may disclose PHI as required by military authorities or to authorized federal officials for national security or intelligence activities.

OTHER USES AND DISCLOSURES OF PHI WITH AN AUTHORIZATION

Other uses or disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law. For example, in most cases, we will obtain your authorization before we disclose psychotherapy notes related to you or before we use your PHI to provide you with information on products or services that you might be interested in but that are not related to your treatment. We will never sell your PHI unless you have authorized us to do so. You may revoke an authorization at any time in writing, except to the extent we have already taken action on the information disclosed or if we are permitted by law to use the information.

YOUR RIGHTS REGARDING YOUR PHI

You have certain rights regarding the PHI that we maintain about you. You have a right to:

- Access Your PHI.** You have a right to review or obtain copies of your PHI records, with some limited exceptions. These records usually include billing and claims information and case or medical management records. To inspect or copy your PHI, you must request it in writing. We may charge you an administrative fee for the costs of copying, mailing and supplies necessary to fulfill your request. If we keep the information electronically, you may request an electronic copy of the information, and we will provide it to you in that form if it is feasible for us to do so. If you are denied access due to certain limited circumstances, you may request that the denial be reviewed.
- Amend Your PHI.** If you feel that the PHI maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask us to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut your statement.
- An Accounting of Disclosures by Us.** You have the right to request an accounting of disclosures we have made about your PHI. The list will not include our disclosures related to your treatment, billing or receipt of payment, health care operations, for notification purposes, disclosures made to you, or with your authorization. Your request for an accounting of disclosures must be made in writing and must state the time period for which you want an accounting. This time period may not be longer than 6 years and may not include dates before April 14, 2003. The first accounting that you request within a 12-month period will be free. We may charge for additional accountings within the same period of time. You will be informed of the cost in advance and you may choose to withdraw or modify your request at that time.
- Request Restrictions on the Use and Disclosure of Your PHI.** You have the right to request that we restrict or limit how we use or disclose your PHI for treatment, payment or health care operations. Your request for a restriction must be made in writing. Your request must tell us: 1) what information you want to limit; 2) whether you want to limit how we use or disclose your information, or both; and 3) to whom you want the restrictions to apply. We may not agree to your request, unless the request is one to restrict disclosures to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service you fully pay for out of pocket. If we do agree, to your request, we will comply with your request unless the information is needed for an emergency or required by law.
- Receive Confidential Communications.** You have the right to request that we use a certain method to communicate with you about your PHI or that we send pharmacy and related information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing and must clearly state that all or part of the communication from us could endanger you. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- Receive a Paper Copy of this Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.
- Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting our HIPAA Privacy Office. See the end of this Notice for contact information.

HEALTH INFORMATION SECURITY

We require our employees to follow security practices that limit access to customer health information only to those employees who need it to perform their job responsibilities. In addition, Elegant Balance Acupuncture maintains physical, administrative and technical security measures to safeguard your PHI. We will notify you if there is an event that compromises the privacy or security of your PHI.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, effective for PHI that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. We will also post a copy of our current Notice on our website (www.elegantbalance.com). Any time we make a material change to this Notice, we will promptly revise and issue the Notice with the new effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us and/or the Secretary of the Department of Health and Human Services. All complaints regarding Elegant Balance Acupuncture must be in writing and sent to the HIPAA Privacy Office listed at the end of this Notice. We support your right to protect the privacy of your PHI and we will not retaliate against you for filing a complaint.

CONTACT THE HIPAA PRIVACY OFFICE

If you have any complaints or questions about this Notice or you want to submit a written request to the company as required in any of the previous sections of this Notice, please contact:

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