

## HIPAA 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.

### I. What This Is

This notice describes the privacy practices of Pink Lotus LLC, Acupuncture & Wellness Studio.

### II. Privacy Obligations

I am required by applicable federal and state law to maintain the privacy of medical and health information about you ("PHI") and to provide you with this notice of my legal duties and privacy practices with respect to PHI. When I use or disclose PHI, I am required to abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

You may request a copy of this notice at any time. For more information about my privacy practices, or for additional copies of this notice, please contact me.

### III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which I will describe in Section IV below, I must obtain your written authorization in order to use and/or disclose your PHI. However, I do not need any type of authorization from you for the following uses and disclosures:

- A. Uses and Disclosures for Treatment, Payment and Health Care Operations. I may use and disclose your PHI in order to treat you, obtain payment for service provided to you and in order to conduct my "health care operations" as detailed below:
- Treatment. I may use and disclose your PHI in providing, coordinating and/or managing health care and related services for you. For example, to treat your injury or illness. I may also disclose PHI to other providers involved in your treatment. I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, voicemail messages, postcards and letters.
  - Payment. I may use and disclose your PHI to obtain payment and/or reimbursement for services that I provide to you, billing or collection activities, confirming coverage, and utilization review.
  - Health Care Operations. I may use and disclose your PHI for my healthcare operations; or the business aspects of running my practice. This includes internal planning, administration, and conducting of quality assessments and activities that improve the quality and cost effectiveness of care that I deliver to you. For example, I may use PHI to audit functions, evaluate cost-management analysis and customer service.

I may disclose your PHI to my attorney or accountant in the event that I need information in order to address one of my business functions. I may also disclose your PHI to your other health care providers when such PHI is required for them to treat you, receive payment for service they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or health care fraud and abuse detection or compliance.

I may also create and distribute de-identified health information by removing all references to individually identifiable information.

I will make reasonable efforts to limit the Health Information I use or disclose to the "minimum necessary" to accomplish the stated purpose.

- B. Your Authorization. In addition to my use and disclosure of your PHI for treatment, payment, or healthcare operation, you may give me written authorization to use your PHI or to disclose it to anyone for any purpose. If you give this authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
- C. Disclosures to Relatives and Close Friends. I may use or disclose your PHI to a family member, your personal representative, person responsible for your care, or other person identified by you when you are present for, or otherwise available prior to, the disclosure, if I (1) obtain your agreement (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present or in the event of your incapacity or emergency circumstances, I may exercise my professional judgment to determine whether a disclosure is in your best interest, disclosing

Department of Health and Senior Services; (6) to comply with a certain type of court order; and (7) when required by law, to the Department of Health and Senior Services or another entity. You should also note that I may disclose your HIV/AIDS related information to third party payers (such as your insurance company or HMO) in order to receive payment for the services I provide to you.

- E. **Venereal Disease Information.** Your authorization must expressly refer to your venereal disease information in order to permit me to disclose any information identifying you as having, or being suspected of having, a venereal disease. However, there are certain purposes for which I may disclose your venereal disease information, without obtaining your authorization, including to a prosecuting officer or the court if you are being prosecuted under New Jersey law, to the Department of Health and Senior Services, or to your physician or health authority, such as the local Board of Health. Your physician or a health authority may further disclose your venereal-disease information if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public. Under New Jersey law, I may also grant access to your venereal disease information upon the request of a person (or his/her insurance carrier) again; whom you are asserting a claim for compensation or damages for your personal injuries.
- F. **Tuberculosis Information.** Your authorization must expressly refer to your tuberculosis information in order to permit me to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact to a person with tuberculosis. However, there are certain purposes for which I may disclose your tuberculosis information, without obtaining your authorization, including for research purposes under certain conditions, pursuant to valid court order, or when the Commissioner of the Department of Health and Senior Services (or his/her designee) determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named person.

#### **V. Your Individual Rights**

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request.

- A. **Right to Request Additional Restrictions.** You may request restrictions on my use and disclosure of PHI (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individual regarding your location and general condition. While I will consider all requests for additional restrictions carefully, I am not required to agree to a requested restriction.
- B. **Right to Inspect and Copy your Health Information.** You may request access to your medical record file and billing records maintained by me in order to inspect and obtain copies of the records. If you desire access to your records, please request this in writing. I may charge you a reasonable cost-based fee to cover copying, postage, and/or preparation of a summary. I will advise you of these costs in advance. In certain circumstances, I may deny you access. In those circumstances, I will provide you with a written reason for the denial and advise you whether, under the law, you have the right to a review of the denial by a licensed health care professional who was not involved in the process.
- C. **You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you per applicable federal and/or state law, including records relating to a pregnancy, abortion, sexually transmitted disease, substance use and abuse and contraception and/or family planning services.**
- D. **Right to Amend Your Records.** You have the right to request that I amend PHI maintained in your medical record file or billing record. I will comply with your request unless I believe that the information that would be amended is accurate and complete or that other special circumstances apply.
- E. **Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of PHI made by me during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve month period, I will charge you \$2.00 per page and \$25.00 per hour for the accounting statement.
- F. **Right to Revoke your Authorization.** You may revoke your authorization or your marketing authorization, except to the extent that I have taken action in reliance upon it, by providing a written request.
- G. **Further Information/Complaints.** If you desire further information about your privacy rights, are concerned that I have violated your privacy rights or disagree with a decision that I made about access to PHI, you can contact me in writing or by phone. You may also file written complaints to the Department of Health and Human Services if you believe your rights as described herein have been violated. Complaints made to the DHHS must be filed in writing and include a description of the acts or omissions you believe have resulted in a violation of your rights. A complaint must be filed within 180 days of when you found out about the violation, unless you have "good cause" for filing later.