

# **NOTICE OF PRIVACY PRACTICES**

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**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. Our Pledge Regarding your medical information.**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

## **II. Our Legal Duty.**

Law requires us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information .
3. Follow the terms of the notice that is now in effect.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that law permits the changes.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

## **III. Use and Disclosure of Your Medical Information.**

The following section describes different ways that we use and disclose medical information. For each kind of use or disclosure we will explain what we mean. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

### **FOR TREATMENT:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to technicians, within our staff, which may be assisting in taking care of you.

### **FOR PAYMENT:**

We may use and disclose your medical information for payment purposes. We may tell your health plan about a treatment you are going to receive in order to get approval or to determine if your plan will pay for the treatment.

### **ADDITIONAL USES AND DISCLOSURES:**

**Notification:** Medical information may be shared to notify or help notify:

- A family member
- Your personal representative
- Another person responsible for your care

**E---Mail:** May be used to notify you of informational health news, promotions, or health-related articles. Please notify us if you prefer to be excluded from this list.

**Worker's Compensation:** We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Health Oversight Activities:** We may disclose medical information to an agency providing oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

**Public Health Activities:** As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease.

**Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain

subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Court Orders & Judicial & Administrative Proceedings:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

**Victims of Abuse, Neglect Or Domestic Violence:** We may disclose medical information to appropriate if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

#### **IV. Your Individual Rights.**

##### **You Have a Right To:**

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may request access to your records by sending a letter to the contact person listed at the end of this notice. (If you request copies, we will charge you \$3.50 for each page and postage if you want the copies mailed to you.)
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed.

#### **V. Questions and Complaints.**

##### **If you have any questions about this notice, please contact:**

Erika Betencourth  
Assistant Administrator  
9841 Irvine Center Drive, #170, Irvine, CA  
92618 Phone: (949) 861---8901

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services . We will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

#### **VI. Acknowledgement.**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

I hereby acknowledge that I have read a current copy of Dr. Nazanin Rohani, L.Ac "Notice of Privacy Practices" revision date Jan. 1, 2016 and I have received/declined a copy.

\_\_\_\_\_ Initials

(Office use only)

Signed form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Patient received copy? Yes \_\_\_\_\_ Declined \_\_\_\_\_