

## HIPAA NOTICE OF PRIVACY PRACTICES

### General Rule

**Phoenix Rising Acupuncture and Leslie J. Kancir, L.Ac.** are required by law to comply with certain privacy obligations with respect to your health information under federal and state law. Additionally, under federal law I am required to give you this notice about my privacy practices, legal duties, and your rights concerning your health care information.

### Uses and Disclosure of Health Information Without Your Consent

I may use and disclose your health information for your treatment, payment for services rendered, the operations of this clinic and in certain limited instances. For example:

### Treatment

I use information for treatment purposes when: a) I set an appointment for you; B) I discuss treatment plans or information with a family member, close friend or other person that you identify; c) if I recommend herbs or write a prescription for herbs or supplements to be filled elsewhere; d) I am out of the office and my appointments are being covered by another practitioner; e) I call to confirm, change or remind you of an appointment or with information regarding your herbs or prescriptions; f) I refer you to an outside practitioner for follow up care; g) in sending reminder cards, birthday cards or holiday greetings.

### Payment

I may use and disclose your health information to obtain payment for services rendered. I may use your health information for payment purposes when, for example, I prepare a bill, when communicating with your insurance company, when using a third party to process payment by credit card or check, or when I am attempting to collect unpaid amounts due.

### Healthcare Operations

I may use and disclose your health information for the operations of this clinic. Healthcare operations include administrative and managerial functions that I have to do in order to run and improve the clinic. I may use or disclose your health information, for example, for financial and billing audits, internal quality assurance, obtaining or maintaining professional liability insurance, defense of legal matters, development of business plans, and storage of records.

### Business Associates

There are some services provided me through contracts with unrelated companies known as business associates. Examples include my accountant, consultant, vendor and attorney. When these services are contracted, I may disclose your health information to these business associates so that they can perform the job they have been hired to do. To protect your health information, however, I ask business associates to enter into an agreement where they agree to appropriately safeguard your information.

### As Allowed or Required by Law

In some limited situations, the law allows or requires me to use or disclose your health information without your permission. Such uses and disclosures include: a) as mandated by state or federal law; b) public health purposes, such as notices to and from the Food and Drug Administration regarding drugs or medical devices; C) judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies; e) law enforcement purposes, such as to provide information about a crime at this clinic, or to report a crime that happened elsewhere; or f) to prevent a serious threat to public health or safety.

### Marketing Health Products and Services

I will not use your health information for marketing communication without your prior written consent. I will provide you with information regarding products or services that I offer related to your health care needs. I will never sell your health information without your prior written consent.

### To You, Your Family and Friends

I must disclose your health information to you. I may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that I may do so, or, if you are not able to agree, if it is necessary in my professional judgment.

#### Persons Involved in Care

I will also use my professional judgment and my experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled herb orders, products or other similar items related to your health care, on your behalf.

#### Your Rights Regarding Your Health Information

The law gives you many rights regarding your health information. You may:

*Access:* Ask to see or get photocopies of your client record. By law, there are few limited situations in which I can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your record. If you want to review or get photocopies made, I will give you a written request form to fill out.

*Restrictions:* Ask me to restrict my uses and disclosures for purposes of treatment, payment or healthcare operations. I do not have to agree to this, but if I do agree, I must honor your restrictions. To request a restriction, I will give you a written restriction form to fill out.

*Alternative communication:* Ask me to communicate with you in an alternative method, such as by phoning you at work rather than home, by mailing health information to a different address, or by using e-mail to your personal e-mail address. I will accommodate these requests to the best of my ability, with the understanding that you will pay for any difference in cost. If you desire confidential communications, please ask and I will provide you with an alternative communication form.

*Amendment:* you have the right to request that I amend your health information. Basic information such as name, address and phone number can be done anytime. Any other requests may require written explanation as to why the amendment should be made, and I may deny your request under certain circumstances.

*Disclosure Accounting:* you have the right to receive a list of instances in which I disclosed your health information (other than to you, your legal representative, or any other individual involved in your health care or law enforcement) for purposes other than treatment, within the past six years, but not for disclosures made prior to November 1, 2003. If you request this accounting more than once in a 12-month period, I may charge you a reasonable, cost-based fee for responding to these additional requests.

*Additional notices:* get additional paper copies of the Notice of Privacy Practices upon request, no matter whether you received one in electronic or paper form already.

#### Notice of Privacy Practices

By law, I must abide by the terms of this Notice of Privacy Practices until I choose to change it. I reserve the right to change this policy at any time in compliance with and allowed by law. If I change this Notice, the new privacy practices will apply to your health information that I already have as well as to such information that I may generate in the future. I will post the new notice in the office and have copies available for your review.

#### Complaints

If you think I have not properly respected the privacy of your health information, you are free to complain to me or to the U.S. Department of Health and Human Services, Office for Civil Rights. I will not retaliate against you if you make a complaint.

Effective date: November 1, 2003

Leslie J. Kancir, L.Ac. Phoenix Rising Acupuncture

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