

## 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.*

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### OUR LEGAL DUTY

Acupuncture Wellness Center is required by applicable federal and state law to maintain the privacy of your health information and to give you this notice of privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect June 15, 2010, and will remain in effect until we replace it.

As permitted by law, Acupuncture Wellness Center reserves the right to change our privacy policies and the terms of this Notice at any time. Upon request, we will provide you with the most recently revised notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

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### USES AND DISCLOSURE OF PATIENT HEALTH CARE INFORMATION

**TREATMENT, PAYMENT, HEALTHCARE OPERATIONS:** We may disclose your health care information to other healthcare providers for the purpose of treatment, payment or healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**YOUR AUTHORIZATION:** In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an 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. Unless you give us a written authorization, we cannot use or disclose your healthcare information for any reason except those described in this Notice.

**TO YOUR FAMILY AND FRIENDS:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We 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 we may do so.

**PERSONS INVOLVED IN CARE:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled herbal prescriptions, medical supplies, or other forms of health information.

**PUBLIC HEALTH RISKS:** As required by law, we may disclose patient health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the FDA about problems with products and reactions to medications, and reporting disease or infection exposure.

**PUBLIC SAFETY:** It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

**REQUIRED BY LAW:** We will disclose your health information when required to do so by federal, state or local law.

**LAW ENFORCEMENT:** We may disclose patient health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**NATIONAL SECURITY:** We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

**APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminder (such as voicemail messages, postcards, or letters).

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## **PATIENT RIGHTS**

**ACCESS:** You have the right to look at or get copies of your health information, with limited exceptions. We may charge for the costs of copying, mailing or other associated supplies.

**AMENDMENT:** You have the right to request that we amend your health information, if you believe that your health information we have is incorrect or incomplete. We may deny your request under certain circumstances.

**DISCLOSURE ACCOUNTING:** You have the right to receive a list of instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities. We may charge for the costs of providing the list.

**RESTRICTIONS:** You have the right to request restrictions on certain uses or disclosures of your health information. We are not required to agree to these restrictions.

**ALTERNATIVE COMMUNICATIONS:** You have the right to have your health information received or communicated through alternative methods or sent to alternative locations.

All requests must be in writing.

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## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your requests on your privacy rights, you may complain to us using the contact information listed below. You also may submit a formal complaint to the U.S. Department of Health and Human Services (DHHS) at the end of this Notice.

Contact officer: Chris Q. Tran

3712 MacArthur Blvd. Ste 208. New Orleans, LA 70114  
(504) 362-8020

DHHS, Office of Civil Rights

200 Independence Avenue SW, Room 509F HHH Building, Washington, DC 20201  
(877) 696 – 6775