



## *Notice of Health Information Practices*

This notice describes how information about you may be used and disclosed and how you can get access to this information.

**UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:** Each time you have an appointment with Relaxupuncture, a record of your visit is made. Generally, this includes a health history, a review of your symptoms, diagnostic testing, acupuncture treatment and plan for further care. This information is referred to as your medical record and serves as:

- the basis for planning your care, treatment and follow-up.
- an education tool for reviewing, assessing and improving the care rendered at the clinic.
- a means of communication among health care professionals who contribute to your care.
- a legal document describing the care you have received.
- a potential resource for medical research data.
- a tool for educating health professionals.
- a source of information for public health officials charged with improving the health of the nation.

Understanding what is in your health record and how this information is used will assist you in:

- ensuring its accuracy.
- better understanding who, what, when, where and why others may access your health information.
- making informed decisions when authorizing disclosures to others.

**YOUR HEALTH INFORMATION RIGHTS:** Your health record is the physical property of this office. However, the information contained in it belongs to you. You have the right to:

- request a restriction on certain uses or disclosures of your information as provided by CFR 45 164.522(a).
- obtain a paper copy of this notice of information practices upon request.
- inspect and have a copy of your medical record as provided by 164.524.
- amend and/or have a “statement of disagreement” placed in your medical record as provided by 45 CFR 164.528.
- obtain an accounting of disclosures of your health information outside the scope of normal clinic operations as provided by CFR 45 164.528. If an individual requests a copy of the PHI or agrees to a summary of care, Relaxupuncture may impose a reasonable, cost-based fee. (Fees set by the Department of Human and Health Services)
- request communications of your health information by alternative means or at Alternative sites.
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**OUR RESPONSIBILITIES:** This office is required by law to:

- maintain the privacy of your health information.
- provide you with a notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
- abide by the terms contained within this notice.
- notify you if we are unable to accept your request for limiting or restricting certain uses and disclosures.
- accommodate reasonable requests you may have for communication of your health information through alternative means and/or alternative locations.

*We reserve the right to change or modify our practices and to make new provisions effective for all protected health information (PHI) we maintain. Should our practices change, a reasonable attempt will be made to notify you. We will not use or disclose your PHI without your authorization, except as described in this notice.*

**FOR MORE INFORMATION, OR TO REPORT A PROBLEM:** If you need any further assistance, please contact Relaxupuncture at 907-268-1617, or by email at kim@relaxupuncture.net. If you believe your privacy rights have been violated, you can file a complaint with the above or with the local Department of Health and Social Services. There will be no retaliation or penalty for filing a complaint.

**TYPES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS:** These disclosures and uses do not require your authorization, but are required to facilitate your care, and/or required by other State and Federal laws.

**TREATMENT:** Health information obtained by the acupuncturist is recorded in your medical record and is used to determine what type of health treatment should be provided.

**COMMUNICATION WITH FAMILY MEMBERS:** With your written consent, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health care information relevant to that person's involvement in your care.

**MARKETING:** We may contact you to remind you of your appointment.

**PUBLIC HEALTH:** As required by law, we may disclose your PHI to public health officials or legal authorities:

- to prevent or control disease, injury or disability.
- to notify a person who may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state, or local law.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release medical information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

**LAW ENFORCEMENT:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be disclosed to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate reasonably believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering patients, workers or the public.

**CHILD OR ELDER ABUSE REPORTING:** Child or elder abuse or neglect reported to us is not protected healthcare information. This information may be disclosed to the appropriate state agency officials who are empowered to facilitate the care and management of the care of children and elders.

**MILITARY AND VETERANS:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system and compliance with civil rights laws.

You may grant permissions for Relaxupuncture to share information in the box below. If not granting any permissions, no actions are necessary, but by signing below, you acknowledge that you have read and understand your rights outlined above.

<b>DO WE HAVE YOUR PERMISSION TO:</b>	
Leave a voice message on your answering machine at home/cell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave a message at your place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive text message reminders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discuss your medical conditions with any member of your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, whom: _____	
Relationship: _____	

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority