

TOTAL HEALTH WELLNESS CENTER

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The Health Insurance Portability and Accountability Act (HIPAA) – Revised: 5/7/2003

NOTICE OF PATIENT PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you may gain access to this information.

Clinic will ask you to sign an acknowledgement that you have received the Notice of Privacy Practices. In accordance with the HIPAA Privacy Regulation, the Notice describes how **you and your clinic** may use and disclose your protected health information to carry out treatment, payment services or health care operations and for other purposes that are permitted or required by law. The notice also describes your rights and the requirements of **you and your clinic** to protect your health information.

Treatment, Payment and Health Care Operations

For purposes of treatment: We will use your health care information to treat you. For example, we will use your information to help us diagnose and design a course of treatment for you. Your treatment may include Acupuncture, Chiropractic, Massage and Herbal Supplements. We may also, for the purpose of treatment, disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

For payment services: We will use your health care information to receive payment for services and products. We will bill you and/or a third party payer for the cost of treatment and herbs provided to you. The information on or accompanying the bill may include your identification, as well as the herbs you are taking.

For health care operations: We may use and disclose your protected health information for all activities that are included within the definition of “health care operations” as defined in the Federal Privacy Regulations.

Other uses and disclosures of protected health information permitted or required by regulation

Friends and family: We may disclose your protected health care information to friends and family in case of emergency to the extent necessary to help with your health care or with payment of your health care. Using their judgment as health care professionals, our entire staff may disclose protected information with a family member, other relatives, close personal friends or any person you identify as being involved in your health care.

Reminder calls: We may contact you to provide reminders of herbal supplement refills or appointments or other health related services that may be of interest to you.

Other covered entities: We may disclose protected health information to another covered entity to conduct health care operations in the area of quality assurance activities, certification, licensing or credentialing.

Disclosure to the US Department of Health and Human Services: When the US Department of Health and Human Services (DHHS) is investigating or determining our compliance with federal Privacy Regulations, we are required to disclose your protected health information to the DHHS.

Abuse or neglect: We may disclose your protected health information to appropriate authorities if we believe that you may be a possible victim of abuse, domestic violence, neglect or other crimes.

Serious threat to health or safety: We may disclose your protected health information if we believe that the disclosure is necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person.

Public health and safety: We may release your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we may provide information in your health record to the Food and Drug Administration relative to adverse events regarding drugs, foods, supplements and other health products or to post marketing surveillance to enable product recalls or replacements.

Law Enforcement: We may disclose to law enforcement agencies in response to a court order, subpoena, discovery request, administrative order or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information.

Other required or permitted disclosures: We may disclose your protected health information to the following entities under given circumstances. Whenever required to do by law; To a correctional institution or its agents, if a patient is or becomes an inmate of such institution, when necessary for the patient's health or the health and safety of others; To notify or assist in notifying a family member, personal representative, or another person responsible for the patient's care. Or the patient's location or general condition; To the military authorities under certain circumstances when the patient is a member of the Armed Forces; To authorized federal officials for intelligence, counterintelligence and other national security activities.

Authorized use and disclosure

We will obtain your written Authorization before using or disclosing your protected health care information for purposes other than those listed above or otherwise permitted or required by law. You may revoke Authorization in writing at any time. Upon receipt of this revocation we will stop using or disclosing your protected health care information except to the extent that we have already taken action in reliance on the Authorization.

Patient Rights

Request for restrictions: You have the right that we restrict how your protected health information is used or disclosed in carrying out treatment, payment or health care operations. Such requests must be made in writing to the privacy Office at **Total Health Wellness Center** (see address above). In your request tell us: 1) the information of which you want to limit our use and disclosure and 2) how you want to limit our use and/or disclosure of the information.

We are not required to agree to the requested restrictions, but if we do, we will abide by our agreement except in an emergency.

Access to protected health information: You have the right to look at or obtain a copy of your protected health information. You must make a request in writing to the **Total Health Wellness Center** Privacy Officer to obtain access to your protected health information. If you request copies, we may charge you a reasonable fee for copies and postage (if you want them mailed).

We may deny your request to inspect and copy your protected health information in certain limited circumstances. If you are denied access to your protected health information, you may request the denial be reviewed.

Accounting of disclosure: You have the right to receive an accounting of the disclosures we have made on or after April 14, 2003, of your protected health information (PHI). We will provide the date on which we made the disclosure, the name of the person or entity to which we disclosed your PHI, a description of the PHI disclosed, the reason for the disclosure and certain other information.

Amendments to Health Care Information: You may request that we amend your protected health insurance information if you feel that it is incomplete or incorrect. Your request must be in writing and it must explain why the information should be amended. If we did not create the information you want amended or for certain other circumstances, we may deny your request. If we deny your request, we will provide you with a written explanation. If denied, you have the right to file a statement of disagreement with the decision.

For more information or to report a problem: If you would like additional information or have questions about our privacy practices, you may contact your clinic Privacy Office at 503-297-1174 or by writing to the Privacy Officer at the address below. You may also file a written complaint at the address. If you believe your privacy rights have been violated, you may file a complaint with your clinic or with the Department of Health and Human Services.

We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or the Department of Health and Human Services.

TOTAL HEALTH WELLNESS CENTER – HIPAA Compliance and Privacy Office

10224 SW Park Way, Suite A Portland, OR 97225 ph: 503.297.1174 fax: 503.297.2623

Privacy Officer: Kelly Hubbard, D.C.