

NOTICE OF PRIVACY POLICIES – August 21, 2014

Protecting your privacy and healthcare information is fundamental to our relationship with you. This notice will remain in effect until it is replaced or amended by changes in the law.

This office gathers personal information and health information in several ways.

- Information we receive from you
- Information we receive from other healthcare providers
- Information we receive from third party payers

Protected health information includes demographic information; information related to your physical or mental health; and payments for healthcare services.

During the course of your treatment we will likely use and disclose health information about you when it is required for treatment, payment, and when necessary during the course of normal business. Without your consent or authorization, this office may disclose information about you only to the following groups for the specified purposes:

- to a public health agency, for a purpose such as controlling disease.
- in case of suspected child abuse, to the appropriate governmental authority
- in other cases of suspected abuse, neglect or domestic violence, to the appropriate governmental authority, with your agreement or if required by law, or if it appears necessary to prevent serious harm to you or others.
- to health oversight authorities, for regulatory, licensing, and other legal purposes
- in litigation, subject to certain requirements controlling the terms of the disclosure
- to law enforcement agencies, subject to applicable legal requirements and limitations.
- for medical research purposes, subject to your authorization or approval by an institutional review board
- if you are in the United States military, national security, or intelligence for Foreign Service, to your authorized superiors or other authorized federal officials.

We may not use or disclose information about you for any other purpose without your written authorization, provided separately from your written consent. You may submit written authorization to disclose Protected Health Information to a person or group specified by you.

Marketing

Marketing communications to you may include mailings, newsletters, and appointment reminders by phone, postcard, letters, email, or text messaging. You have the right to be taken off any or all of these lists.

Disclosure

This office may use or disclose your Protected Health Information when required by law.

Group Visits

If I choose to participate in a group visit, it is possible that some of my individually identifiable health information will be disclosed. I understand the following statements about my rights:

- I realize that I have the option to speak with my medical provider individually.
- I understand that I have the option to be treated individually if I so choose.
- I understand that discussions may occur regarding individually identifiable health information during a group visit.
- It is my responsibility to keep private names and information about other participants, as they are expected to do for me.

- It is possible that information that is used or disclosed in a group visit may be re-disclosed by other participants in the group visit.

Patient Rights

Upon written request, you have the right to access, review, or receive copies of your healthcare records.

Upon written request, unless prohibited by law, you have the right to receive a list of items this office disclosed about your healthcare information.

You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.

You have the right to request restrictions on the use and disclosure of your Protected Health Information for the purposes of treatment or payment for healthcare operations, but this office is not required to agree to these restrictions.

You have the right to request that we amend your Protected Health Information. This request must be in writing.

You have the right to receive all notices in writing.

Complaints

Complaints about your privacy rights or how your privacy is handled at this office can be brought to our attention by calling our office or directing a letter to the above address.

If you are not satisfied with how this office handles your complaint, you may submit a formal complaint to:

DDHS (Office of Civil Rights)
200 Independence Ave, SW
Room 509F HHH Building
Washington, DC 20201

I have received a copy of, read, reviewed, understand, and agree to the “Notice of Privacy Policies” for healthcare services at Acupuncture of West Michigan.

Patient Signature: _____

Date: _____