

Please sign Acknowledgment of Receipt of HIPAA Privacy Practices form and bring with other completed forms to your first appointment. A copy of our HIPAA Privacy Practices can be read below. You do not need to print this document, unless you want it for your records.

NOTICE OF PRIVACY PRACTICES

This notice describes how clinical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact Malvin Finkelstein, Eugene Center for Acupuncture 2767 Friendly Street, Eugene, OR. 97405.

Who will follow this notice?

This notice describes privacy practices followed by practitioners and office personnel.

What information is affected by this notice?

This notice applies to the information and records that Eugene Center for Acupuncture (ECAA) has about your health, status, and the health services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, diagnoses, treatments, procedures, and similar types of health-related information.

ECAA is required by law to give you this notice. It will tell you about the ways in which ECAA may use and disclose protected health information about you and describes your rights and my obligations regarding the use and the disclosure of that information.

When may ECAA use and disclose health information about you without your authorization?

- For Treatment: ECAA staff may use health information about you to provide you with clinical treatment or services. ECAA may disclose health information about you to other health care providers who are involved with your treatment. For example, information may be shared to create and carry out a plan for your treatment.
- For Payment: ECAA may use and disclose health information about you to get payment or to pay for the services you receive. For example, ECAA may need to give your health plan information about a service you received so your health plan will pay ECAA or reimburse you. ECAA may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for treatment.
- For Health Care Operations: ECAA may use and disclose health information about you in order to run the office and make sure that you and my other clients receive quality care. For example, ECAA may use your health information to evaluate the performance of my staff in caring for you or to help us decide what additional services ECAA should offer.
- Required By Law and for Law Enforcement: ECAA will disclose health information about you when required to do so by federal, state, or local law or in response to a court order.
- To Avert a Serious Threat to Health or Safety: ECAA may use and disclose health information about you when necessary to prevent a serious threat to the health and safety of you or others.

When must you provide written consent for the release of health information?

For drug and alcohol program issues, federal and state law require your written consent each time health information is released. The Consent will specify who is to receive the information, the purpose of the release of the information, and a time period after which the Consent will terminate. You may change or cancel a Consent at any time. However, if ECAA practitioners are unable to fulfill my requirements related to treatment, payment, or health care operations, ECAA may choose to discontinue providing you with health care treatment and services.

In some instances, ECAA may need specific, written authorization from you to disclose information such as HIV, substance abuse, and mental health information.

- **What are special situations for uses and disclosures?**
- ECAA may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations. Please notify ECAA if you do not wish to be contacted for appointment reminders, or if you do not want to receive information about other treatment or health services. If you advise ECAA **verbally** or **in writing** that you do not wish to receive such communications, we will not use or disclose your information for these purposes.
- **Appointment Reminders:** This office may contact you to remind you of an appointment for treatment.
- **Alternative Treatment or Health Services:** ECAA may tell you about other possible treatment options or health-related products that may be of interest.
- **Research:** ECAA may use and disclose health information about you for research projects that are subject to a special approval process. ECAA will ask you for your written permission if the researcher will have access to your name, address, or other information that reveals who you are, or if the researcher will be involved in your care at the office.
- **Information Not Personally Identifiable:** ECAA may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, ECAA may be required by military command or other government authorities to release health information about you. ECAA may also release information about foreign military personnel to the appropriate military authority.
- **Workers' Compensation:** ECAA may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** ECAA may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with products.
- **Family and Friends:** ECAA may disclose health information about you to your family members or friends if you so choose. For example, ECAA may assume you agree to disclosure of your personal health information to your spouse when you bring your spouse into the treatment room during treatment or while treatment is being discussed.
- In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), ECAA may, using professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, ECAA will disclose only health information relevant to the person's involvement in your care. For example, ECAA may inform the person who accompanied you to the emergency room of your health status.

Other uses and disclosures require your written authorization

ECAA will not use or disclose your health information for any purpose other than those listed above without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may cancel that *Authorization*, **in writing**, at any time. If you cancel your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your cancellation, but we cannot take back any uses or disclosures made before the cancellation.

What are your privacy rights?

- **Right to Inspect and Copy:** In many cases, you have the right to look at and copy your health information, such as clinical records. You must submit a request in writing to ECAA in order to look at and/or copy records. ECAA may charge a fee for the costs of copying, mailing, or supplies.
- ECAA may deny your request to inspect and/or copy in certain limited circumstances. If you are denied copies of or access to health information that ECAA keeps about you, you may ask for a Review of Denial. If the law gives you a right to have the denial reviewed, ECAA will select a licensed health care professional to review your request and its denial. The person conducting the review will not be the person who denied your request, and ECAA will comply with the outcome of the review.
- **Right to Amend:** If you believe that health information ECAA has about you is incorrect or incomplete, you may ask for a correction or update of the information. You have the right to request this change as long as the information is kept by this office. To request an amendment, complete and submit a "Clinical Record Amendment/Correction Form." ECAA may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. If your request is denied, ECAA will send a letter that tells you why your request is being denied and how you can ask for a Review of Denial. In addition, ECAA may deny your request if:
 - ECAA did not create the information, unless the person or agency that did so is no longer available to make the change.
 - The information is not part of the health information that ECAA keeps.
 - You would not be permitted to inspect and copy the information.
 - The information is accurate and complete.
- **Right to a List of Disclosures:** You have the right to request a list, or an "accounting" of disclosures. This is a list of disclosures made of clinical information about you for the purposes other than treatment, payment, health care operations, and the special circumstances involving national security, correctional institutions, and law enforcement listed above. This list will not include the disclosures that were made with your written authorization.
- To obtain a list of disclosures, you must submit your request, **in writing**, to ECAA. It must state a time period, which may not be longer than seven years and may not include dates before April 14, 2003. Your request should indicate whether you want the list on paper or electronically. The first list you request within a twelve-month period will be free. For additional lists, ECAA may charge you for the costs of providing the list. ECAA will notify you of the cost involved so you can decide if you want the list or not.
- **Right to Request Restrictions:** You have the right to request a limitation on the health information ECAA uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information disclosed about you. For example, you could ask that ECAA not disclose specific information to a particular party. ECAA is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- To request restrictions, complete and submit a "Request for Restriction on Use/Disclosure of Clinical Information" to ECAA.
- **Right to Request Confidential Communications:** You have the right to choose how ECAA communicates with you. For example, you can ask ECAA to contact you only at work or by mail.
- To request confidential communications, you may submit a "Request for Restriction on Use/Disclosure of Clinical Information" and/or "Request for Confidential Communications" to ECAA. You do not have to explain the reason for your request. ECAA will accommodate all reasonable requests. Your request should state how you would like to be contacted.
- **Right to a Paper Copy of This Notice:** You will be given a copy of this notice. If you have not received a copy of it, you may ask us for one at any time.

What if there are changes to this notice?

Changes may be made to this notice. ECAA will post a summary of the current notice in the office with the effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

What if you have a complaint?

If you believe your privacy rights have been violated, you may file a complaint with ECAA or with the Secretary of the Department of Health and Human Services. To file a complaint with ECAA, write to 2767 Friendly Street, Eugene, Oregon 97405. ***You will not be penalized for filing a complaint.***