**Acupuncture OCMD**

www.acupunctureocmd.com

Pamela L. Butz L.Ac., MSOM

9935 Stephen Decatur Highway

Unit 141, Office #1

Ocean City, MD 21842

**NOTICE OF PRIVACY PRACTICES**

Acupuncture falls under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and adheres to its privacy requirements.

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 and sign. If you have any questions about this Notice, please contact Pamela L. Butz L.Ac., MSOM.

I am required by applicable federal and state law to maintain the privacy of your health information. This Notice of Privacy Practices describes how I may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. I am required to give you this Notice about my privacy practice, legal duties, and your rights concerning your health information. I must follow the practices that are described in this Notice while it is in effect.

I reserve the right to change my privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my Notice effective for all health information that I maintain, including health information I created or received before changes were made. Before making significant changes in privacy policies, I will change this Notice and make it available to you upon request.

**1. Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by your acupuncturist to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment, and healthcare operations by signing the consent form, your acupuncturist will use or disclose your protected health information as described in this Section. Your protected health information may be used and disclosed by your acupuncturist, office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to pay your healthcare bills and to support the operation of the acupuncturist’s practice.

Following are examples of the types of uses and disclosures of your protected health care information that the acupuncturist’s office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** I may disclose your health information to a physician or healthcare provider delivering treatment to you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your acupuncturist’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of acupuncture students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may also call you by name in the waiting room when your acupuncturist is ready to see you.

We will share your protected health information with third-party business associates that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**Appointment Reminders:** I may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, messages left with household members, postcards, etc.)

**Business Associates:** I may provide your medical information to outside parties so they can perform certain functions on my behalf (e.g., ordering herbal prescriptions).

**Health Related Benefits and Services:** I may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

**Your Authorization:** You may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me 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 me authorization, I cannot use or disclose your health information for any reason except those described in this Notice.

**Your Family and Friends:** I may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or for payment of your healthcare, but only if you agree that I may do so.

**Marketing Health-Related Services:** I will not use your health information for marketing purposes without your authorization.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your acupuncturist or the acupuncturist’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**2. Other Permitted and Required Uses and Disclosures that May Be Made with Your Consent, Authorization, or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your acupuncturist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your acupuncturist shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your acupuncturist or another acupuncturist in the practice is required by law to treat you and the acupuncturist has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if your acupuncturist or another acupuncturist in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers, and the acupuncturist determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**3. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice’s premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers’ Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers’ compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your acupuncturist created or received your protected health information in the course of providing care to you.

**3. Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that your acupuncturist and the practice uses for making decisions about you. **You must make the request in writing to obtain access to your health information.**

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please ask if you have questions about access to your medical record.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information I use or disclose about you for treatment, payment or health care operations. You also have the right to request that I limit the medical information I disclose about you to someone who is involved in your care, such as a family member or friend. I am not required to agree to these restrictions, but if I do, I will abide by our agreement, except in an emergency. **You must make your request to me in writing.**

**Right to Request Confidential Communication:** You have the right to request that I communicate with you about your medical matters in a certain way or at a certain location. For example, you may ask that I only contact you at work or by email. Your request must provide a satisfactory explanation regarding how payments will be handled under that alternative means or location of your request. **You must make your request to me in writing.**

**You have the right to obtain a paper copy of this notice from me, upon request, even if you have agreed to accept this notice electronically.**

**4. Complaints:** If you believe that your privacy rights have been violated you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice or the Secretary, please contact the Privacy Officer at (202) 619-0257. You will not be penalized for filing a complaint.