

# ACUPUNCTURE HORIZONS

***This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.***

It is required by law to maintain the privacy and confidentiality of your protected health information, and to provide you with a notice of our legal duties and privacy practices with respect to your protected health information.

## **Disclosure of Your Health Care Information**

*Treatment:* We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

*Payment:* We expect payment at the time the services are rendered. The receipt for services rendered from this office may have personal health information.

*Workers' Compensation:* We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

*Emergencies:* We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

*Public Health:* As required-by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

*Judicial and Administrative Proceedings:* We may disclose your health information in the course of an administrative or judicial proceeding.

*Law Enforcement:* We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

*Deceased Persons:* We may disclose your health information to coroners or medical examiners.

*Organ Donation:* We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

*Research:* We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

*Public Safety:* It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

*Specialized Government Agencies:* We may disclose your health information for military, national security, prisoner and government benefits purposes.

*Marketing:* We may contact you for marketing purposes or fundraising purposes for Acupuncture Horizons sponsored events.

*Cancellation of appointments:* It is our policy to make a courtesy call to your home in the event that you miss your appointment to reschedule your appointment. No personal health information will be disclosed other than the time and date of your missed appointment, along with a request to call Acupuncture Horizons if you need to reschedule your appointment.

*Change of Ownership:* In the event that Acupuncture Horizons is sold or merged with another organization, your health information record(s) will become the property of the new owner.

Your Health Information Rights:

*You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Acupuncture Horizons is not required to agree to the restriction(s) that you request.*

*You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.*

*You have the right to inspect and copy your health information. We will charge you reasonable fee for expenses such as copying and staff time. The fee is set as a base fee of \$30.00 for 10 pages or less, with an additional fee of \$1.00 per page for pages 11-60, and 50 cents per page for pates 61-400. The base fee must be paid at the time of the request and the balance paid at the time of pick up.*

*You have the right to request that Acupuncture Horizons amend your protected health information. Please be advised, however, that Acupuncture Horizons is not required to agree to amend your protected health information. If your request to amend your health information is denied you will be provided with an explanation of our denial and information about how you can disagree with the denial.*

*You have the right to receive and accounting of disclosures of your protected health information made by Acupuncture Horizons.*

*You have the right to receive a paper copy of this Notice of Practices at any time, by request.*

Changes to this Notice of Privacy Practices

Acupuncture Horizons reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Acupuncture Horizons is required by law to comply with this Notice.

Acupuncture Horizons is required by law to maintain the privacy of your health information and provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about our privacy rights, please contact Juliana Christenson by calling this office at 817 796-0586. You may also make an appointment for a personal conference in person or by telephone within two working days. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, SW  
Room 509F, HHHF  
Washington, VA 20201

This notice is effective as of April 1, 2003. I have read the Privacy Notices and understand my rights contained in the notice.

By way of my signature, I provide Acupuncture for Health with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment, and other health care operations and specific events as described in the Privacy Notice.

Patient's Name - printed

Patient's Signature

Date:

Authorized Facility Signature Juliana Christenson, TX LAc 793

Date: