

## **PROTECTING YOUR CONFIDENTIAL HEALTH INFORMATION IS IMPORTANT**

### **Notice of Privacy Practices**

This notice describes how health information about you may be used and disclosed and how you may gain access to this information. Please read it carefully.

This is not meant to be alarming- quite the opposite! There is a new Federal law that protects the confidentiality of your health information. The law is called the Health Insurance Portability and Accountability Act, or HIPPA for short.

### **What Has Changed?**

The Federal Government has developed new standards for protecting the privacy of health information. This has challenged health care providers to review how information about patients is used not only in medical records, but also with the telephone, faxes, copy machines, and mailings. Since this office is subject to State and Federal law regarding the confidentiality of patient health information, this notice will inform you of the policies and procedures developed to make sure that your health information will not be shared with anyone who does not require it, and also inform you of your rights as the patient.

### **What Is Your Health Information?**

According to the HIPPA law, your “Protected Health Information” is any information that can identify you. This includes your health records and information such as your name, telephone number, address, birthday, and dates of treatments and appointments.

### **How Your Health Information May Be Used**

This office will use and communicate your health information only for the purposes of providing your treatment, obtaining payment, and conducting office business. Your health information will not be used for other purposes unless your permission has been asked for and has been given voluntarily in writing.

- **To Provide Information**  
This office may share your health information with referring physicians, or other health care practitioners providing you treatment.
- **To Obtain Insurance Reimbursement**  
This office may include health information on or with an invoice used to help you collect payment reimbursement for treatments you received.
- **To Conduct Office Business**  
Your health information may be disclosed during audits by government appointed agencies as part of their quality assurance and compliance reviews.
- **Patient Reminders**  
Because regular care is important for your health, this office may contact you when it is time to schedule an appointment. In addition, contact may be made to follow-up on your care and to inform you of treatment options or services that may be of interest to you or your family.

- **Abuse or Neglect**  
This office will notify government authorities if it is believed that a patient is a “victim” of abuse, neglect, or domestic violence. This office will make this disclosure only when compelled by ethical judgment, when specifically required or authorized by law, or with the patient’s agreement.
- **Public Health and National Security**  
This office may be required to disclose to government officials health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit from such disclosure.
- **For Law Enforcement**  
As permitted or required by State or Federal law, this office may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.
- **Family, Friends, and Caregivers**  
This office will share your health information with those people helping you with your care only with your permission. In the case of an emergency, when you would be unable to express your wishes, the best judgment will be used when sharing your health information and only in the event that it will be important to those providing your care.

#### **Authorization To Use Or Disclose Health Information**

Other than is stated above, or where Federal, State, or Local law requires it, your health information will not be disclosed without your written authorization. You may revoke that authorization in writing at any time; however, the revocation will not affect any disclosures made in reliance of prior consent.

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## **PATIENT RIGHTS**

This new law states that you as a patient have the following rights related to your health information.

### **Restrictions**

*You have the right* to request restrictions on certain uses and disclosures of your health information. This office will make every effort to honor reasonable restriction preferences for patients.

### **Confidential Communications**

*You have the right* to request that this office communicate with you in a certain way. You may request that your health information is communicated privately, with no one else present, or through mailed communications that are sealed. This office will make every effort to honor your reasonable requests for confidential communications.

### **Inspect and Copy Health Information**

*You have the right* to read, review, and copy your health information, including your complete chart and billing records. Written requests will be processed immediately upon receipt, including a small fee to cover duplication and assembling.

**Amend Health Information**

*You have the right* to request that your records be modified or updated if you believe your health information records are incorrect or incomplete. In order to standardize the process, please provide requests in writing describing the reason for the change. Your request may be denied if the health information record in question was not created by this office, is not part of the office records, or if the records containing your health information are determined to be accurate and complete.

**Documentation of Health Information**

*You have the right* to ask for a description of how and where your health information was used by this office for any reason other than for treatment, payment, or office business. This office will be able to provide health information usage from Jan 26 2009 and forward. Please provide requests in writing for the time period in which you are interested. For a small fee, written requests will be processed immediately upon receipt.

**Request a Paper Copy Of This Notice**

*You have the right* to obtain a copy of this Notice of Privacy Practices directly from this office at any time. Please stop by or call and a copy will be sent to you. This office is required by law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices. This office is required to practice the policies and procedures described in this notice; however, this office reserves the right to change the terms of the Notice. In the event of changes to the privacy policy, this office ensures that all patients will receive a copy of the revised Notice.

**Complaints**

*You have the right* to express complaints to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. This office encourages you to express any concerns you may have regarding the privacy of your information. Please provide your concerns or complaints in writing to:

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