HIPAA NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. Under the Health Insurance Portability & Accountability Act of 1996 "HIPAA," it is our legal duty to safeguard your Protected Health Information (PHI). Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this Notice and post a new copy of it in our office. You may also request a copy of this Notice from us, or you can view a copy of it in our office. This Notice will remain in effect until it is replaced or amended.

During the course of our relationship with you, we will use and disclose PHI about you for treatment, payment, and healthcare operations. We gather personal information and health information from you, other healthcare providers, and third party payers. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside our practice. You may specifically authorize us to use PHI for any purpose or to disclose your health information by submitting the authorization in writing. Such disclosures will be made to any personal representative you choose to have your PHI.

Marketing

This office will not use or disclose your PHI for marketing communications without your written authorization. This office may send birthday cards, thank you cards, notice of clinic events, newsletters, and/or appointment reminders.

Disclosure

This office may use or disclose your PHI without your consent or authorization when required by law.

Patient Rights

1. Upon written request, you have the right to review and receive copies of your PHI.
2. Upon written request, you have the right to receive a list of disclosures about your PHI.
3. You have the right to request additional restrictions on the use and disclosure of your PHI, as permitted by law.
4. Upon written request, and as permitted by law, you have the right to request that we amend your PHI.
5. You have the right to receive all notices in writing.

If you have questions about this notice or any complaints about our privacy practices, please contact our office. Please send written complaints to the State of Maryland, Department of Health and Mental Hygiene, Board of Acupuncture, 4201 Patterson Avenue, Baltimore, MD 21215-2299. This notice went into effect on April 22, 2009.

I acknowledge consent for use and disclosure of PHI and receipt of this Notice of Privacy Practices.

_____

Patient Signature (or patient's personal representative) Date

_____

Printed Name of Patient (or personal representative and relationship to patient)

OFFICE USE ONLY

I attempted to obtain the patient's signature on this HIPAA Notice of Privacy Practices, but was unable to do so as documented below:

Date:_____ Initials:_____

Reason:_____