

Notice of Information Privacy Practices

This notice describes the ways that Davis Square Acupuncture uses and protects your health information, as well as the rights you have regarding your health information. We are obligated by law to give you this notice; please review it carefully.

Right to Notice

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), Davis Square Acupuncture can use your protected health information for treatment, payment, and health care operations.

- a) Treatment – We may use or disclose your health information to a physician or other health care provider providing treatment to you.
- b) Payment – We may use and disclose your health information to obtain payment for services that we provide to you.
- c) Health care operations – We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Davis Square Acupuncture may also use your health information in other ways, examples include:

- a) The acupuncturist may discuss or present your health information in a peer-discussion group for review and treatment suggestions. All personal information will be withheld or obscured; only particulars related to your health and case will be discussed.
- b) This clinic may disclose 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 health information.
- c) Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders via phone, e-mail or letter.
- d) Emergency Situations: In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or other person responsible for your care, using our professional judgment. We will only disclose health care information that is directly relevant to the person's involvement in your health care.
- e) Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health and safety.
- f) Required by Law: We may also use or disclose your health information when we are required to do so by law.

Marketing: We will not use your health information for marketing communications without your written authorization.

Your Authorization: Most uses and disclosures that do not fall under treatment, payment, health care operations will require your written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

Your Rights as a Patient

- a) You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment, or health care operations.
- b) You have the right to receive confidential communications regarding your protected health care information.
- c) You have the right to inspect and copy your protected health information (PHI). Requests for copies of PHI must be made in writing to our office and will be available for review within 30 days of the date of the request.
- d) You have the right to amend/update your protected health information. To provide the best health care possible, it is always recommended that you keep us up-to-date on ALL of your health information/conditions.
- e) You have the right to receive an account of disclosures of your protected health information. Our office will provide such an account within 30 days of a written request.
- f) You have the right to receive a paper copy of this Notice upon request. You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Legal Requirements

Davis Square Acupuncture is required by federal and state law to maintain the privacy of your protected health information. We are required to give you this Notice about our privacy practices, legal duties and your rights concerning your health information. We are required to abide by the terms of this notice as it is currently stated as of January 1, 2006, and reserve the right to change this notice. The policies in any new notice will not be in effect until they are posted within our office. We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we make the changes. Before we make a significant change in our privacy practice, we will change this Notice and make the new Notice available upon request.

Complaint

It is always our utmost goal to treat our patients with care and respect. If, however, you have complaints regarding the way that your protected health information is handled, you may submit a complaint to our office. We hope that you always let us know what we may do to improve your patient care. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Resources.

For further information about our privacy policies, please contact:

Lisa Desrosiers, MAc, LAc, Davis Square Acupuncture, 240A Elm Street, Suite 26, Somerville, MA 02144
617-548-8167

ACKNOWLEDGEMENT OF INFORMATION PRIVACY PRACTICES

I acknowledge that I have read and understood Davis Square Acupuncture's Notice of Information Privacy Practices:

Patients Name: _____ Date: _____

Signature: _____

Authorization for Release of Health Information (Optional)

I, _____, hereby authorize Davis Square Acupuncture to use or disclosure my individually protected health information as described below. I understand this authorization is voluntary. I understand that if the organization authorized to receive my information is not a health plan or healthcare provider, the released information may no longer be protected by federal privacy regulations.

Persons/Organizations authorized to receive information: (please print)

Patients Name: _____ Date: _____

Signature: _____