

## Notice of Privacy Practices

Janet W. Smith Acupuncture LLC  
The Integrative Medicine Center  
366 Mill St.  
Hagerstown MD  
240/420-8625

This notice describes how health information about you may be used and disclosed and how you can get access to your health information. A copy of this notice is given to all individuals receiving care. Please review this information carefully.

**Understanding your Health Record.** A record is made each time you come for treatment or consultation. Your symptoms, the practitioner's judgments, and a plan of services are recorded. This record forms the basis for planning your care and treatment and also serves as a means of communication among other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will assist you to ensure it is accurate and make informed decisions about who, what, when, where and why others may be allowed access to your health information.

**Understanding your Health Information Rights.** Your health record is the property of the acupuncturist but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record, and to request that appropriate amendments be made to your health record. You have the right to request restrictions, to authorize disclosure of the record to others, and be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your health information, as long as your revocation is in writing. Should I need to contact you, you have the right to request communication by alternative means or to alternative locations.

**My Responsibilities:** I am required to maintain the privacy of your health information and to provide you with this notice of privacy practices. I am required to follow the terms of this notice and to notify you if I am unable to grant your request to disclose or restrict disclosure of your health information to others. I reserve the right to change our practices within the boundaries set by law and promise to make a good faith effort to notify you of any changes. Other than for the reasons describe in this notice, I agree not to use or disclose your health information without your consent.

**To Receive Additional Information or Report a Problem:** If you believe your privacy rights have been violated, you have the right to file a complaint with myself and/or with the U.S. Secretary of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington, D.C. 21201. OCR Hotline – Voice: 1-800-368-1019.

### **Practices Regarding Disclosure of Client Health Information**

Your health information will be routinely used for treatment/consultation, payment, and quality monitoring. Your consent or the opportunity to agree or object is not required in these instances.

**Treatment/Consultation:** Information obtained by your practitioner will be entered into your record and used to plan the services provided you. Your protected health information may be shared with others involved in your care or those providing consultation your care. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment.** Janet Smith Acupuncture LLC and The Integrative Medicine Center may use and disclose protected health information in order to bill and receive payment from you, an insurance company, or a third party for treatment and services you receive. For example, I may give your health plan information so that they will pay for your treatment.

**Healthcare Operations/Quality Monitoring:** I may use or disclose, as needed, your protected health information in order to support the business activities of the Janet Smith Acupuncture LLC and The Integrative Medicine Center's professional practice. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the services provided. I may also call you by name in the waiting room when I am ready to see you, unless you advise me not to do so.

**Appointment Reminders, Treatment Alternative, and Health Related Benefits and Services.** I may use and disclose protected health information to contact you and remind you that you have an appointment. I may also use and disclose protected health information to tell you about treatment alternative or health related benefits and services that may be of interest to you.

**Communication with Family:** Using best judgment, a family member, closed personal friend identified by you, personal representative, or other persons responsible for your care or helping you may be notified or given information about your care to assist them in enhancing your wellbeing. You have the right to object to such disclosure, unless you are unable to function or there is an emergency.

### **Special Situations**

In addition, I may use or disclose your protected health information in the following situation without your authorization or without providing you with an opportunity to object. These situations may include:

- 1) As required by Law, including but not limited to:
  - A. Food and Drug Administration – I may be required to report your health information to authorities to help prevent or control disease, injury, or disability.
  - B. Public Health Risks. I may release your health information for public health activities. These activities generally include disclosure to prevent or control disease, injury, or disability; report child abuse or neglect; report reactions to medications or problems with products, notify people of recalls of products they may be using; inform a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and report to the appropriate government authority if I believe a patient has been a victim of abuse, neglect, or domestic violence. I will only make this disclosure if you agree or when required by law.
  - C. Correctional Institutions – I may release your health information to the proper authorities so they may carry out their duties under the law.
  - D. Workers' Compensation Agents – I may disclose your health information to the appropriate persons in order to comply with the laws related to Workers' Compensation or similar programs.
  - E. Organ and Tissue Donation Organizations – I may disclose your health information to individuals involved in obtaining, storing or transplanting organs, eyes, or tissue of cadavers for donation purposes.
  - F. Military Command Authorities – I may disclose your health information to authorities so they may monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- 2) Law Enforcement/Legal Proceedings – I may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.