

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## INTRODUCTION

Valley Acupuncture Center (VAC) understands that your medical information is private and confidential. Further, we are required by law to maintain the privacy of “protected health information” (PHI). PHI includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from VAC’s Privacy Officer.

## PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

- Treatment means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to contact a physical therapist to create the exercise regimen appropriate to your care.
- Payment means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and utilization review activities. For example, prior to providing health care services, we may need to provide information to your Third Party Payor about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the Third Party Payor for the services rendered to you, we can provide the Third Party Payor with information regarding your care if necessary to obtain payment. Federal or State law may require us to obtain a written release from you prior to disclosing certain specially PHI for payment purposes, and we will ask you to sign a release when necessary under applicable law.
- Health care operations means the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. In addition, we may remove information that identifies you from your patient information so that others can use the de-identified information to study health care and health care delivery without learning who you are.

## OTHER USES AND DISCLOSURES OF PROTECTED PHI

In addition to using and disclosing your information for treatment, payment and health care operations, we

may use your PHI in the following ways:

- We may contact you to provide appointment reminders for treatment or medical care.
- We may contact you to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you.
- We may disclose to your family or friends or any other individual identified by you PHI directly relevant to such person's involvement with your care or payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are present or otherwise available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not present or otherwise available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.
- We may contact you as part of our efforts to market our practice's services as permitted by applicable law.
- Subject to applicable law, we may make incidental uses and disclosures of PHI. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.
- We will use or disclose PHI about you when required to do so by applicable law.

**[Note:** In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. Your employer or VAC will notify you of these disclosures as required by applicable law.]

## **SPECIAL SITUATIONS**

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release PHI about you for programs that provide benefits for work related injuries or illnesses.
- Public Health Activities. We may disclose PHI about you for public health activities, including disclosures to prevent or control disease, injury or disability; to report child abuse or neglect; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if VAC is given assurances that efforts have been made by the person making the request to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement. We may release PHI if asked to do so by law enforcement officials.
- Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

**Note:** HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other special PHI may enjoy certain special confidentiality protections under

applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

### **OTHER USES OF YOUR PHI**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

### **YOUR RIGHTS**

1. You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your request. To request a restriction, you must make your request in writing to VAC's Privacy Officer.
2. You have the right to reasonably request to receive confidential communications of PHI by alternative means or at alternative locations. To make such a request, you must submit your request in writing to VAC's Privacy Officer.
3. You have the right to inspect and copy the PHI contained in your medical and billing records and in any other Practice records used by us to make decisions about you. In order to inspect and copy your PHI, you must submit your request in writing to VAC's Privacy Officer. If you request a copy of your PHI, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request. If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.
4. You have the right to request an amendment to your PHI, but we may deny your request for amendment. In order to request an amendment to your PHI, you must submit your request in writing to VAC's Privacy Officer, along with a description of the reason for your request.
5. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request. To request an accounting of disclosures of your PHI, you must submit your request in writing to VAC's Privacy Officer. Your request must state a specific time period for the accounting. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **COMPLAINTS**

If you believe that your privacy rights have been violated, you should immediately contact VAC's Privacy Officer. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

### **CONTACT PERSON**

If you have any questions or would like further information about this notice, please contact VAC's Privacy Officer at 755 Alvord Ave. N., Kent, WA 98031, 253-852-5506.

This notice is effective as of January 1, 2010.