

Acupuncture by Troy Sammons

115 W. 11th Street
Pueblo, CO 81003
Phone 719-544-3326 ~ Fax 719-544-3295

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.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for clinic planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may assess your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or clinic that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information but we are not required to agree to a restriction that you request.
- Obtain a paper copy of the notice of privacy practices upon request. To obtain a paper copy of this notice, contact the clinic's Office Manager.
- Inspect and obtain a copy of your health record that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in a civil, criminal or administration action or proceeding, and health information that is not disclosable under the Clinical Laboratory Improvements Amendments of 1988. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the clinic's Office Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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- Amend your health record. This means you may request an amendment of health information about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the clinic's Office Manager if you have questions about amending your medical record.
- Obtain an accounting of disclosures we have made of your health information. You have the right to receive this information regarding disclosures that occur on or after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions or limitations. This right does not apply to disclosures we have made for purposes of treatment, payment or healthcare operations or as part of a limited data set as described in this Notice of Privacy Practices. This right does not apply to disclosures we have made pursuant to an authorization you have provided to us or to incidental disclosures. It excludes disclosures we may have made to you, for a clinic director, to family members or friends involved in your care, or for notification purposes.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information by providing us with written notice of your revocation except to the extent that action has already been taken in reliance on your authorization.
- Complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

Our Responsibilities

Acupuncture by Troy Sammons is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the clinic's Office Manager. If you believe your privacy rights have been violated, you can file a complaint with the Owner or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment, and Health Operations

- *We will use health information about you to provide you with medical treatment or services.*

For example: Information obtained by office staff, clinicians, or other members of our healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare team will then record the actions they took and their observations.

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We will also provide your physicians or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this clinic.

- *We will use your health information for payment.*

For example: A bill may be sent to you, an insurance company or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

- *We will use your health information for regular healthcare operations.*

For example: Members of the medical staff, the risk or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: Unless you notify us that you object, we may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. If you are not present or able to agree or object to the use or disclosure, we will use our professional judgment to determine whether the disclosure is in your best interest.

Communication with family: Unless you notify us that you object, health professionals, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

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Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

De-Identified Information: We may use health information for the purpose of creating de-identified information or disclose health information to a business associate for the purpose of creating de-identified information. De-identified information is information that does not identify you and that we reasonably believe cannot be used to identify you.

Personal Representative: If you have a personal representative such as a legal guardian, we will treat that person as you with regard to disclosure of your health information. If you are deceased, we will treat your executor, administrator, or other person with authority to act on your behalf as your personal representative under the same circumstances that we would disclose such information to you and as otherwise provided or required by law.

Uses and Disclosures of Health Information Based upon Your Written Authorization: Other uses and disclosures of your health information, such as the disclosure of psychotherapy notes, will be made only with your written authorization unless otherwise required by law.

Limited Data Set: We may use and disclose a limited data set that does not contain specific readily identifiable health information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.

The Patient/Representative acknowledges receiving this Notice of Privacy Practices.
Effective Date: