



TIAN SHI ACUPUNCTURE

Caring for the Whole You

**Notice of Privacy Practices
Effective April 28, 2003
Updated May 1, 2009**

Purpose of this Notice

This notice tells you:

- How your medical information is used and disclosed.
- About your rights and our responsibilities to protect the privacy of your medical information.
- How to file a complaint with this office or with the government if you believe that any of your rights or any of our responsibilities have been violated.

How Your Medical Information is Used or Disclosed

Treatment- Your medical information may be used or disclosed to provide you with treatment and services. This information may be shared with others involved in your care such as doctors, nurses, other providers, or health care facilities. Your health information may also be disclosed to a member of your family or other person who is involved in your care. If there is a family member, other relative or close friend to whom you do not want us to disclose your medical information, please notify us in writing (see **"Your Rights"** section below)

Payment- Your medical information may be used or disclosed to bill and collect payment for the services and products provided to you. For example, you or a third-party payer may be sent a bill that includes accompanying information about your diagnosis, treatment and the supplies used. A third-party payer may also be contacted to confirm your coverage or to request prior approval for a planned treatment or service.

Health Care Operations- Your medical information may be used to evaluate our services and to improve the quality and effectiveness of our healthcare services. You may be contacted at any phone number or address you have provided to remind you of an appointment, to discuss healthcare matters, or to obtain payment for services. Phone or email messages may be left for you. If you want to be contacted in a certain way or at a certain location, see **"Rights to Receive Confidential Communications"** below in this notice.

Individuals Involved in Your Care or Payment for Your Care - We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Business Associate - We may share medical information to persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing accounting, consulting, attorneys, and collection services. We have a written contract with them that requires that they protect the privacy of your medical information.

Other Uses and Disclosures of Your Medical Information

Newsletter, Healthcare Information, and Treatment Alternatives- Your name, address, and/or email address may be added to a mailing list of patients in order to inform you of important health information, services, and activities. If you do not want to receive these communications, please notify us in writing.

Publication/Research- The data incident to or obtained from your health record and treatments may be used for any medical, scientific or educational study, research, or published work. Confidentiality and anonymity will be preserved at all times.

Uses or Disclosures That Are Required or Permitted by Law

Public Health- Your medical information may be disclosed to public health and/or legal authorities if it is necessary to prevent a threat to the health or safety of a person or the general public.

Food and Drug Administration- Your medical information may be disclosed, as required by law, to report any adverse effects of food, supplements, products, and product defects controlled by the Food and Drug Administration.

Law Enforcement- Your medical information will be disclosed as required by law; in response to a court order or other legal proceeding; to identify or locate a suspect, fugitive, material witness or missing person; in reference to crimes that occur on our premises; in order to report a crime or emergency circumstances; when information is requested about an actual or suspected crime.

Health Oversight- Your medical information may be disclosed, as required by law, to a health oversight agency.

As Required By Law - We will disclose medical information about you when required to do so by federal, state or local law.

Use or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel authorization at any time by notifying us in writing. If you cancel an authorization, it will not have an effect on information that has already been disclosed. Some examples of uses or disclosures that would require your written authorization are:

- A request to provide your medical information to an attorney for use in a civil lawsuit.
- A request to provide medical information to a supplement company for marketing purposes.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy – You have the right to ask to inspect and obtain a copy of your medical information. You must submit your request in writing. We may charge a fee for the costs of copying, summarizing, and mailing it to you. We may deny this request under certain limited circumstances. If your request is denied, we will inform you in writing and you may request a review of our denial.

Right to Amend - If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by us.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

Right to an Accounting of Disclosures – You have the right to find out what disclosures of your medical information have been made. This list of disclosures is called an accounting. The accounting may be for up to six years prior to the date on which you request the accounting, but cannot include disclosures made before April 28, 2003.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Request for an accounting of disclosure must be submitted in writing. You are entitled to one free accounting in any twelve month period. We may charge you for the cost of providing additional accountings.

Right to Request Restrictions - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Requests must be made in writing. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. This request may be revoked at any time also in the form of a written request.

Right to Receive Confidential Communications - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to us. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. A copy of this notice may also be obtained at our website: www.tianshiacupuncture.com

Complaints

You have the right to complain to this office and to the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated. There is no risk involved if you file a complaint. To file a complaint, contact us in writing by mail: Tian Shi Acupuncture, 4055 Linglestown Rd., Harrisburg, PA 17112.

To file a complaint with the government, send your complaint in writing by mail to: Office of Civil Rights; U.S. Department of Health and Human Services; 200 Independence Ave., SW, Washington, DC 20201; Attn: U.S. Secretary of Health and Human Services.

Amendments

We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created and obtained prior to the effective date of the change. You may obtain a revised notice by submitting a written request to our office or by reviewing the current Notice of Privacy Practices at <http://www.tianshiacupuncture.com/privacy-practices.pdf>.

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