



NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

We care about your privacy and strive to protect the confidentiality of your personal medical information. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information. Federal legislation requires that we issue this official Notice of our privacy practices, which we must follow while it is in effect. This Notice takes effect May 27, 2005 and will remain in effect until we replace it. If we do so, the revision will be posted in the office and copies will be made available upon request.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

Without specific authorization, we are permitted to use and disclose your health information for **treatment, payment, and health care operations.** For example:

- We may use or disclose your health information to another healthcare provider providing treatment to you
- We may share information with an insurance provider to help with the processing of your claims
- We may contact you to remind you of appointments by leaving messages, by email or sending postcards or letter; or to keep in touch with you.
- We may use and disclose health information in connection with the business aspects of our practice. For example, in the training of office staff, evaluating provider performance, or for licensing or credentialing activities.

To your family and friends. Unless you request otherwise, we may disclose your health information to a family, friend, or other personal representative only to the extent necessary to help with your healthcare or with payment for your healthcare.

Persons Involved in Care: In the event of emergency circumstances, we will disclose health information based on a determination using our professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up supplements, medical supplies, prescriptions, or other similar forms of health information.

Marketing Health-Related Services: We may contact you to inform you of classes or other health-related events put on by our clinic, but we will not share your health information with any other party for marketing communications without your written authorization.

Required by Law: We may disclose your health information when we are required by law to do so.

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 possible victim of other crimes. We may disclose your health information to the extent necessary to avert serious threat to your health or safety or the health and safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.



Brodie Welch, L.Ac.
Supporting The Phases Of Your Evolution.

With your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us authorization, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

PATIENT RIGHTS

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may obtain a form to request access by using the contact information on the front of this notice, or by sending us a letter. We will charge you a reasonable, cost-based fee for expenses such as copies, staff time to locate and copy, and postage if you would like the copies mailed to you. If you prefer, we will prepare a summary or explanation of your health information for a fee. Contact us for an explanation of our fee structure.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency or as required by law.
- **Alternative Communication:** You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations.
- **Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Questions:

If you want more information about our privacy practices or have questions or concerns, please ask us. Brodie Welch, L.Ac., LLC is the Security Official.

Complaints

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, please contact us using the contact information on this form.

You may also submit a written complaint to:
US Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

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 this office or with the US Department of Health and Human Services.



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RECEIPT OF NOTICE OF PRIVACY POLICY

My signature acknowledges that I have access to Life in Balance Acupuncture's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Life in Balance Acupuncture and of my rights with respect to my health information.

I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

Patient's Signature: _____

Date: _____

Patient Name: (please print) _____