



## Privacy Practices Policy

---

**Policy: It is the policy of Acupuncture Ecology to protect the health information of its patients as required by federal and state law.**

---

### USES AND DISCLOSURES OF HEALTH INFORMATION

Treatment: We may use or disclose health information to a physician or healthcare professionals providing treatment to our patients. This may include but is not limited to the primary physician, PA, nurse, physical therapist, nutritionist, or dentist.

Healthcare Operations: We may use or disclose health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluation of practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Patient Authorization: In addition to our use of health information for treatment, payment or healthcare operations, the patient may give us written authorization to release their health information or to disclose it to anyone for any purpose. If the patient gives us authorization, they may revoke it in writing at any time. Their revocation will not affect any use or disclosures permitted by their authorization while it was in effect.

Family and Persons Involved in their Care: We must disclose health information to the patient. With their authorization, we may disclose their health information to a family member, friend or other person to the extent necessary to help with their healthcare or with payment for their healthcare. We may use or disclose health information to communicate, notify, or assist in the notification to the patient. We will also use our professional judgment and our experience with common practice to make reasonable inferences of the patient's best interest in allowing a person to pick up filled herbal prescriptions, medical supplies, or other similar forms of health information.

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

Public Health Activities: We may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public authorities.

Health Oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

Law Enforcement: Subject to certain restrictions, we may disclose information required by law enforcement officials.

Serious Threat to Health and Safety: We may use and disclose information when necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.

Workers Compensation: We may release information about the patient for workers compensation or similar programs providing benefits for work-related injuries or illness.

Abuse or Neglect: We may disclose health information to appropriate authorities if we reasonably believe that the patient is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose health information to the extent necessary to avert a serious threat to the patient's health or safety or the health and safety of others.

Appointment Reminders or Changes: We may use or disclose health information to provide the patient with appointment reminders, make appointment changes, suggest treatment alternatives or return patient phone calls. We will request written notice of how the patient would like all telephone contact to be made.

## **PATIENT RIGHTS**

Access: Patients have the right to look at or get copies of their health information. The patient must make a request in writing to obtain access to their health information. We will charge the patient at least \$25 or a reasonable cost-based fee for expenses such as copies and staff time.

Disclosure Accounting: Patients have the right to receive a list of instances in which we or our business associates disclosed their health information for purposes other than the treatment, payment, healthcare operation. If the patient requests this accounting more than once every 12 month period, we may charge them a reasonable cost-based fee for responding to these additional requests.

Restrictions: Patients have the right to request that we place additional restrictions on our use or disclosure of their health information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in an emergency).

Amendment: Patients have the right to request that we amend their health information. Their request must be in writing, and it must explain why the information should be amended. We may deny their request under certain circumstances.

Revocation of Consent: Patients have the right to revoke their consent at any time. They must give written notice of their revocation of consent. This revocation will not affect any action taken in reliance on this consent prior to receiving the written revocation of consent. We have the right to decline to treat the patient or to continue to treat the patient if they revoke this consent.

## **COMPLAINTS**

Patients have the right to complain if they feel that Acupuncture Ecology may have violated their privacy rights or if they disagree with a decision we made about access to their health information or our response to a request made to amend or restrict the use or disclosure of their health information.

Privacy Officer: David Yeh, (541) 220-1138

They also have the right to submit a written complaint to:  
U.S. Department of Health and Human Services, Attention: Office of Civil Rights  
Sam Nunn Atlanta Federal Center, Suite 3870, 61 Forsyth Street SW, Atlanta GA 32303-8909