

Ian Barbara Florian, M.Ac, M.Ac.(UK), L.Ac., *Classical Acupuncture*

Ph.D., *Holistic Nutrition*

1410 Broad Street, Durham, N.C. 27705, (919) 416-0675

## **PATIENT PRIVACY INFORMATION**

The confidentiality of patient health information is of the utmost importance at this clinic. All information of a personal nature with which this practice has been entrusted in the course of treatment has been and will continue to be kept confidential, consistent with the rule of law and the standards of professional practice. The purpose of this notice is to inform you as to how your health information may be used and disclosed and how you can get access to this information, and also to inform you of the new Federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which was designed to protect the confidentiality of your health information.

First of all, the standards set forth in this clinic are intended to assure that the treatment services are in all cases performed in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

***What Has Changed?*** We have always endeavored to keep your health information confidential. What is new is that the HIPAA new standards for protecting health information privacy has challenged us to review how patient information is used not only in medical records but also with the telephone, faxes and mailings. Part of this information sheet is designed to inform you about policies and procedures we use to ensure your health information will not be shared with anyone who does not require it and also to inform you of your rights as a patient.

***What is “health information”?*** According to the HIPAA law, your “protected health information” is any information that can identify you. This includes such things as your name, telephone number, address and dates such as birthday, start of treatment and appointments.

***How Your Health Information May Be Used:*** Your health information will be used only for the purposes of providing your treatment, obtaining payment and conducting our clinic and academic operations. Your health information may be shared, with your permission, with referring physicians, pharmacies, or other health care practitioners providing you with treatment. Health information will not be used for any other purposes, unless you have signed written permission for us to do so. In order for you to obtain insurance reimbursement, we will provide you with an itemized receipt for you to submit to your insurance company, where appropriate.

Occasionally this clinic is attended by acupuncture students who must, as part of their training, observe acupuncture treatments by licensed practitioners. In this circumstance, should you allow a student to observe your treatment, both you and the student will be asked to sign a Confidentiality Agreement, wherein you give your written permission for the student to observe and, where appropriate, see your treatment record; and the student signs an agreement to maintain standards of confidentiality with regards to your personal history information.

It is also possible that health information will be disclosed during audits by government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing, accreditation, or credentialing activities.

***Other Circumstances Where Health Information May Be Shared:*** Government authorities may be notified if there is reason to believe that a patient is the “victim” of abuse, neglect or domestic violence. This disclosure will be made only when we are compelled by ethical judgment, when there is reason to believe we are specifically required or authorized by law, or with the patient’s agreement.

We may also be required to disclose to government officials health information necessary to complete an investigation related to public health.

We may share your health information, only with your permission, with those you tell us will be helping you with your care. In the case of emergency, where you are unable to tell us what you want, we will use our very best judgement when sharing your health information and only when it will be important to those participating in providing your care.

Other than what has been stated above, or where Federal, State or Local law requires us, we will not disclose your health information.

***Health Records:*** Your health information is kept in your file in a locked filing cabinet in a locked room. The only person having access to this information (except as otherwise stated above) is your practitioner. Other than by your specific request, as in the case of Bill for Service Rendered or Receipt for Services Rendered, none of your health care information is shared without your written consent. No faxes or e-mails containing your health information will be sent to anyone unless you specifically request it.

***Patient Rights Regarding Health Records:*** You have the right to request reasonable restrictions on certain uses and disclosures of your health information, and we will make every effort to honor your requests. For example, you have the right to review and make a copy of your health information, including your chart. Duplication of this material may involve a small fee. In addition, you have the right to request that we communicate with you in a certain way. You may wish us, for example, to only contact you at a specific number, etc. You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment or payment. You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. We encourage you to express any concerns you may have regarding the privacy of your health information. You have the right to file a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised.