

EDGEWOOD ACUPUNCTURE, PLLC - NOTICE OF PRIVACY PRACTICES

This notice describes how your information may be used and disclosed, and how you may access it.

We understand that your personal health information is very sensitive. We will not disclose it to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing care to you. For example, your *protected health information* (PHI) includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing/payment information.

How Your Information May Be Used

Federal and state law allows us to use and disclose your PHI for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. Your PHI may be provided to others rendering you medical care for treatment purposes; provided to your insurance to obtain payment or comply with medical quality reviews; used to conduct our operations, such as appointment reminders and providing you with health-related information; used to conduct or arrange for services, such as accounting, legal, risk management, insurance services, and to comply with audits.

Your Health Information Rights

The records we create and store are the property of the practice. You have the right to receive, read, and inquire about the current version of this Notice. You have a right to request in writing: Restriction of certain uses and disclosures (we may refuse this request); A copy of your health information; Review a denial of access to your info, except in certain circumstances; A change to your health information (we may refuse, but you may include a statement of disagreement in your medical record); A list of disclosures (except to third-party payers); Your health information be given to you by another means; Revocation of any prior authorizations to use or disclose health information. This does not affect information that has already been released. You may not be able to cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities

We are required to keep your PHI private, give you this Notice; and follow the terms of this Notice. We have the right to change our practices regarding the PHI we maintain.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact Aubrey Whittier, AEMP / 3217 Meridian East, Edgewood, WA 98371 / (253) 927-5905. You may also file a complaint with the U.S. Secretary of Health and Human Services.

Notification of Family and Others

Unless you object, we may release health information about you to a friend or family member who is involved in or helps pay for your medical care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

Other Uses and Disclosures of Protected Health Information

There are many other unusual circumstances which may require use of your health information. Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Website

A current version of this Notice can be found at our website, www.ewnaturalhealth.com