

Notice of Privacy Practices

HIPAA, The Health Insurance Portability and Accountability Act of 1996, established rights and protections for healthcare consumers and created responsibilities for healthcare providers.

The HIPAA Privacy Rule of April 14, 2001 requires healthcare providers to implement administrative, technical, and physical safeguards to ensure the security of your individually identifiable health information that we collect to conduct our business.

The following is informing you of the implementation of these Privacy Policies in our Faculty. You will be asked to sign a **Patient Acknowledgement of Privacy Policies** for our records when you have finished reading this notice. You are entitled to a copy of this notice.

Information We Collect to Conduct our Business.

On your initial visit, we ask you to sign an **Acupuncture Consent Form**, and complete a written **Confidential Patient Information Sheet** concerning your health history and other relevant personal data.

Each time you visit the center for your acupuncture treatment a written record of your session is made in our **Acupuncture Progress Notes**. This contains results of your Verbal and Physical Assessment, Acupuncture Diagnosis, Acupuncture Treatment (including acupuncture points or adjunct tools used), and any Recommendations or Referrals.

The Commonwealth of Pennsylvania regulations governing acupuncture include:

- 1) A person may be treated by a licensed acupuncturist for a specific condition up to 60 days without a medical diagnosis or physician referral.*
- 2) After 60 days, the patient must obtain a medical diagnosis from a physician to continue treatment.*
- 3) A patient may be treated for a new condition for up to 60 days without a medical diagnosis or physician referral.*

Therefore, any data we collect from your physician in compliance with this regulation will be placed in your chart. The request for this information may be faxed to your physician's office in our **Complimentary Therapy Agreement Form**. These facsimile transmissions are safeguarded to protect your privacy. The above forms are placed in your own individual and complete confidential file contained in a locked cabinet in a secure room with access by staff only.

Other data that may be requested throughout your course of treatment, such as **Laboratory or Medical Test Results**, may also be kept in this file.

Any correspondence we receive from medical or acupuncture consultations and/or attorneys will also be placed in your own individual confidential file.

We collect your full payment for each acupuncture treatment upon each visit. We do not share any information via electronic mail with any insurance company or bill-collecting agency.

You have the right to decide whom and for how long anyone else may have a copy of our records. You must sign an **Authorization for Release of Health Information** with specific indication of the information that we have collected that you want released. You may also sign the accompanying **Individual Rights Relating to This Authorization Form** indicating how long your authorization is valid.

We do request the right to call you at phone numbers you have given us for the sole purpose of making appointments, notifying you of time changes or cancellations due to inclement weather or conflicts; or to inquire about your health status between treatments. We request the right to leave messages on these numbers. If you do not want us to provide this service, please indicate such on the **Patient Acknowledgement of Privacy Policies Form**.

We request the right to mail and/e-mail you information concerning marketing materials, notice of events, or other materials to the address that you have provided us with. If you do not want us to provide this service, please indicate such in writing on the **Patient Acknowledgement of Privacy Policies Form**.

We do not share your health information with any family member without your written consent. We do request the right to call a family member, at the number you have provided us with, for emergencies, should one occur while you are in our care.

Currently we use both a paper and a computerized appointment schedule. They are viewed only by the staff, and accessed only for the purpose of maintaining an accurate schedule.

Exceptions to your written authorization

HIPPA explicitly allows disclosure of patient health information without consent for the following situations: emergency circumstances, identification of the body of a deceased person or the cause of death, public health needs, research, oversight of the healthcare system, judicial and administrative proceedings, limited law enforcement activities, and activities related to national defense and security.

Complaints about your privacy rights or how your privacy is handled at this office can be directed to:

DHHS (Office of Civil Rights)
200 Independence Avenue, SW
Room 509F HHH Building
Washington, DC 20201