

Notice of Privacy Practices

This Notice together with the Practices Regarding Disclosure of Health Information, describe how health information about you may be used and disclosed. They also describe how you can gain access to your health information. **Please review this information carefully.**

Understanding Your Health Record:

A record is made each time you visit the office for treatment. This record includes symptoms, clinical observations, diagnosis, and treatment. The record may also contain other pertinent information provided by you or another of your health care practitioners with whom we may have spoken.

Your Health Information Rights:

Your health record is owned by the clinic; however, the content is always available to you for review. You have the right to request a review of your file and to obtain copies of documents contained in your file. You also have the right to request that amendments be made to your record. In addition, you may request that the use of your information be restricted from certain uses and disclosures and to request a list of individuals or entities to whom your information has been disclosed. You may revoke any authorization you have given regarding disclosure of your health information at any time. This revocation must be provided in writing.

Our Responsibilities:

We are required to maintain the privacy of your health information and to provide you with a copy of this notice of our privacy practices. We will follow the terms of this notice and advise you if we are unable to comply with a request you may make regarding the use of your health information. We reserve the right to amend our privacy practices and we use our best efforts to notify you of any such endorsements. Other than for reasons stated in this notice, we will not use or disclose your health information without your consent.

I, _____, have received a copy of this notice of privacy practices and a copy of the Practices Regarding Disclosure of Patient Health Information. I understand my health information will be used and disclosed consistent with these notices.

Patient name: _____ (please print)

Patient/Guardian Signature: _____

Date: _____

Standards and Practices

Privacy of Patient Information

Standard

Sleepy Hollow Acupuncture, LLC is committed to treating all of its patients with appropriate care and respect. Information which our patients provide to use in connection with their treatment, Protected Healthcare Information (PHI), is subject to standards of security and confidentiality as defined under Federal Law, the Health Information Portability and Accountability Act (HIPAA). These standards and practices set forth our procedures to insure compliance with the requirements of HIPAA.

Practices

1. Written or electronic files containing PHI must be stored in secure facilities. Written files will be maintained in locked file cabinets and electronic files will be stored in secure databases only accessible through password protected codes. Computer screens will be positioned so that they are not viewable by persons other than our personnel authorized to access that information. All personnel shall use discretion when discussing PHI in conversations.
2. A notice of Privacy Practices together with the statement of Practices Regarding Disclosure of PHI will be provided to all patients at the time of their initial visit. All patients will be requested to sign a statement acknowledging receipt of this information. The acknowledgement will be kept on file for 6 years
3. Patients will be requested to advise us whether we may contact them by phone or in writing regarding their care. It is our practice to call to remind patients of their appointments and to send billing and relating information to patient's homes.

4. PHI may routinely be used without the patients consent for the following purposes:
 - a. Uses and disclosures required by law
 - b. Uses and disclosures for public health activities
 - c. Disclosures about victims of abuse, neglect, or domestic violence.
 - d. Disclosures for judicial and administrative proceedings
 - e. Disclosures for law enforcement purposes
 - f. Uses and disclosures about decedents
 - g. Uses and disclosures for cadaver or organ donation purposes
 - h. Uses and disclosures to avert a serious threat to health or safety
 - i. Disclosures for workers compensation
 - j. Disclosures to a State licensing Board or other professional oversight entity.

5. Patients have the right to request restrictions on the use of their PHI, although we are not always able to abide by such requests. All such requests must be submitted in writing on our Restriction Request Form. We will take all such requests under advisement and notify the patient in writing of our determination. A copy of the determination will be maintained in our files. If the request is granted then it will be observed, except in the event of an emergency or in the event we terminate the agreement.

6. State law pertaining to parent/guardian authorization will apply in the case of a minor. When state law is silent, we reserve the right to use our professional judgment.

7. Non-routine requests for PHI will be reviewed in the normal course and may require specific patient authorization.

8. Patients may request an account of all PHI disclosures made by use in the prior six years. Such an accounting will not include disclosures:
 - a. For treatment, payment, and healthcare operations
 - b. To the patient
 - c. To persons involved in the patients care
 - d. For national security or intelligence purposes
 - e. To correctional institutions of law enforcement agencies
 - f. Disclosures made prior to the enactment of HIPAA

9. In some instances PHI may be used once it has been stripped of all elements of personally identifiable information. Identifiers that may be stripped include:
 - a. Name
 - b. All address information
 - c. E-mail address
 - d. Dates (other than the year)
 - e. Social Security number
 - f. Medical Record numbers
 - g. Health Plan beneficiary numbers
 - h. Account numbers
 - i. Certificate numbers
 - j. License numbers
 - k. Vehicle Identification numbers
 - l. Facial Photo's
 - m. Telephone numbers
 - n. Device Identifiers
 - o. URL's
 - p. IP addresses
 - q. Biometric Identifiers
 - r. Zip code, if the geographic unit includes less than 20,000 persons
 - s. Any other unique data which when used alone or in combination with other information might identify the individual who is the subject of the information.

10. We are required to act on written requests for onsite review of PHI within thirty days of our receipt of the request. If copies are requested, we may charge a reasonable copying fee. Patients do not have the right to access:
 - a. psychotherapy notes
 - b. information relating to criminal, civil, or administrative procedures
 - c. PHI lawfully prohibited from release because it is subject to or exempted from Clinical Laboratory Improvement Amendments (CLIA)
 - d. Information created by someone other than us or given to use under a promise not to release.

11. Patients have a right to request amendments to their PHI. Requests to amend must be made in writing, clearly stating the requested amendment and the reasons for the request. We will provide a written response within 60 days. If non-amended information had previously been provided to third parties, we will undertake to advise any person of the amendment. If the request is denied we will provide a written statement setting forth the basis for the denial.
12. Amendments Rights do not apply in the following circumstances:
 - a. The information is not part of the patient file
 - b. The information is accurate and complete
 - c. The information was not created by us
13. We shall designate a person who shall be responsible for developing and implementing our HIPAA policies and procedures. This person shall also be responsible for training all staff in these policies and procedures. All employees will be required to sign an Employee Agreement Form acknowledging that they have been trained and that they understand their obligations. Employee infractions of HIPAA will result in discipline and may result in termination of employment. Similarly, any third party vendor who has access to PHI will be required to acknowledge that they are HIPAA compliant in all services provided to our business.
14. Any patient who exercises his/her rights under HIPAA shall not be adversely treated by us. The staff is expressly prohibited from intimidating, threatening, coercing, discriminating, or retaliating against any patient who exercises their HIPAA rights.
15. Any patient wishing to appeal as determination or to file a complaint regarding HIPAA should contact the Secretary of DHHS within 180 days of the alleged violation. All personnel shall fully cooperate with any resulting investigation.
Complaints are to be filed to:

Office for Civil Rights
U.S. Dept. of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

HOTLINE 1-800-368-1019