Two Rivers Acupuncture & Bodyworks
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Effective Date: May 26, 2011

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can access this information. This is based on the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA was enacted to strike a balance between protecting the privacy of individual's health information while allowing for the flow of health information between professionals needed to provide quality care.

As a provider of acupuncture and bodywork, I am committed to protecting the privacy and confidentiality of your health information. I create a record of our interactions and the services that you receive from me. Typically, this record contains information regarding your health history, symptoms, assessment, intervention and proposed plans of care. The records are the property of this office, while the information is yours. Two Rivers may share health information for the purposes described in this Notice and as required or authorized by law.

Information in paper form is kept in a locked cabinet for seven years after the last date of service and then shredded, without further notice to you. With permission, email addresses are entered in the computer for email communication. With permission, name and addresses are entered into a database for occasional postal mailings.

My Responsibility - I am required by law to:

- Ensure that health information that identifies you is kept private and confidential.
- Give you this notice of my legal duties and privacy practices regarding your health information.
- Follow the terms of this notice as long as it is in effect. If this notice is revised, I will follow the terms of the revised notice as long as it is in effect.

Your Health Information Rights

- Right to Inspect and Copy - You have a right to inspect and copy your health information. (You may be charged a copying fee)
- Right to Request Restrictions - You may request restrictions on certain uses and disclosures of your health information. I am not required to agree to your request if I believe it may negatively impact the care I provide.
- Right to Request Confidential Communication - You may request that confidential information be communicated in a certain way or at a certain location. You must specify how or where you wish to be contacted.
- Right to Amend - You have a right to request that I amend your health information that is incorrect or incomplete. Your request must be in writing and must provide a reason that supports your request. I may deny your request if the information was not created by me or is not part of the information kept by or for my practice.

- Right to an Accounting of Disclosures - You have a right to request a of list of the disclosures of your health information that have been made to persons or institutions other than for health care treatment, payment or operations in the past six years, but not prior to April 14, 2003.
- Right to Paper Copy of This Notice - You have a right to request a paper copy of this notice at any time.
- Complaints may be addressed to us or to the Secretary of Health and Human Services

How I May Use or Disclose Your Health Information:

Your health information may be communicated verbally, in writing, telephonically, by fax, electronically (including via e-mail) or by other means for the following purposes:

- **Treatment** - I may use health information about you to provide you with health care services. I may disclose health information about you to other health care providers, in the minimum amount necessary, who are involved in your care, such as the physician who referred you to me, for example.
- **Payment** – I may disclose your health information to third party payers, such as your insurance company, Medicare or Medicaid or Worker's Compensation in order to receive payment, obtain approval or support your reimbursement for services rendered.
- **Health Care Operations** – I may be required to disclose your health information in order to review my services for purposes of quality assurance, inspection or audit, for example by the Board of Medicine or your insurance company.
- **Your Family and Friends** - I may rely on your informal permission to disclose health information about you to a family member, relative or friend who you indicate is involved in your health care if the information released is directly relevant to their involvement. An example of this is notifying family members in case of an emergency. If you are present, you have the opportunity to object to any disclosure. If you are incapacitated, I may disclose your medical information to these persons if I determine that it is in your best interest.
- **Public Health Risks -** I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the general public. This generally includes:
    - To report child abuse or neglect
    - To notify the appropriate government authority if I believe a client has been the victim of abuse, neglect or domestic violence – only if you agree or when required or authorized by law.
    - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Research –** I may disclose your health information to researchers conducting research that has been approved by an institutional review board and for which you have given informed consent.
- **Judicial, Administrative Proceedings or Law Enforcement Activities** – I may disclose your health information in the course of any administrative or judicial proceeding, during lawsuits and disputes and for certain law enforcement activities.
- **Appointment Reminder** – I may use and disclose health information in order to contact you as a reminder that you have an appointment with me.

- **Special Privacy Protections for Alcohol and Drug Abuse Information** – Alcohol and drug abuse health information has special privacy protections. I will not disclose any information identifying a client as being a client, or provide any health information, relating to a client's substance abuse treatment unless: a) the client consents in writing; b) a court order requires disclosure of the information; c) health personnel need the information to meet a health emergency; d) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

When I May Not Use or Disclose Your Health Information
Except as described in this notice, I will not use or disclose your health information without your written authorization. If you do authorize me to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. A revocation of authorization will be effective on the date it is received and will not affect previous disclosure. Psychotherapy information requires your written authorization.

Changes to notice of privacy practices
I reserve the right to amend this Notice of Privacy Practices at any time, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such change. Until such an amendment is made, I am required by law to comply with this notice. In the event that changes are made, you will be provided with a written copy at your next session with me.

Please check all that apply:

__ I agree to share my email address for email communication, periodic updates and e-newsletters

__ I agree to have my name and address in a database for occasional postal mailings from Two Rivers Acupuncture & Bodyworks

__ I request the following restriction/s to the use and disclosure of my health information_____
_____
_____

__ I request that you communicate with me in the following way:
_____
_____

__ I have read and understand the above notice

Client Signature: _____ Date: _____