

Privacy Practices

Acu-Choice Health Care, LLC
3470 S. Sherman St. #1
Englewood, CO 80113
Tel 303-794-9505 Fax 303-736-6767

Notice of Privacy Practices for Protected Health Information **Effective May 22, 2003**

This notice describes how medical information about you may be used and disclosed and how you can receive access to this information. Please review it carefully.

This office is permitted by federal privacy laws to make uses and disclosures of your health information for the purposes of treatment, payment, and healthcare operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include discussing and documenting your symptoms, concerns, examinations, test results, diagnoses, treatment, and future care and treatment options. It also includes billing and payment documents for those services.

This office is required to maintain the privacy of your health information as required by law, and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We reserve the right to make changes to our practices and to this Notice, and to make the new Notice effective for all the protected health information we maintain. Upon request, we will provide any revised Notice to you.

Employers: We may release health information about you to your employer if we provide health care services to you at the request of your employer. Any

other release of your information to your employer requires an authorization signed by you.

Law Enforcement: We may disclose information about you for law enforcement purposes as required by law.

Judicial / Administrative proceedings: We may disclose information about you in the course of a judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by court order.

Serious Threat: We may disclose information about you to prevent, lessen, or avert a serious, imminent threat to the health or safety of a person or the public.

For Specialized Government Functions: We may disclose information about you for special government functions as authorized by law such as to armed forces personnel, for national security purposes, or to public assistance personnel.

Coroners and Medical Examiners: We may disclose information about you to a coroner or medical examiner, as needed to identify a deceased person or determine cause of death.

Other Uses: Other disclosures, besides those identified above, will be made only at your direction with your written authorization, or as required by law.

For More Information or to Report a Problem

If you have questions or would like additional information, write or call us at:

Acu-Choice Health Care LLC
3470 S. Sherman St. #1
Englewood, CO 80113
Telephone 303-794-9505

If you believe your privacy rights have been violated, you may file a complaint with us, or with the

Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of How We May Use and Disclose Protected Health Information

- Treatment purposes: During the course of treatment, Acu-Choice may share the information with your other health care providers to obtain input, report on and coordinate care, and/or monitor your progress.
- Payment purposes: Acu-Choice may request payment from you and your insurance company both directly and through associated businesses, such as electronic claims processing services. Insurance companies, or their associates, may request information regarding treatment provided and charges. If you are an insurance patient, or applying for new insurance, we may provide information to your insurance company about you and your care, or in the case of pre-authorization, about possible treatments in the future. We may call you about your account.
- Health care operations purposes: We may call to remind you of your appointments. We may obtain services from our insurers or other business associates, such as certification, quality of care assessments, clinical guideline development, training programs, and legal services. We may share information about you with such insurers and other business associates as needed to obtain these services.

Your Health Information Rights

The health and billing records we maintain about you are the physical property of our clinic, but the information in them belongs to you. By delivering a request, in writing with your signature, to our clinic, you have the right to:

- Obtain a printed copy of our current Notice of Privacy Practices for Protected Health Information from our clinic. You may also request an electronic copy of this Notice.
- Request a restriction on certain disclosures of your health information. While we are not required to grant the request, we will comply within reason as much as we are able.

- Request that you be allowed to inspect and copy your health and billing records at our clinic with a member of our staff present. You may request a copy of your records be sent to you or to an address you specify. We may charge you for photocopies and postage/delivery costs.
- Appeal a denial of access to your protected health information.
- Revoke a previous authorization to disclose information. Upon receipt of the request, we will comply within reason, as much as we are able, except to the extent we have already taken action under the previous authorization.
- Request that your health record be amended, if you believe information it contains is incorrect or incomplete. We may deny your request if you ask us to amend information that was not created by us, is not part of the health or billing records kept by our clinic, if you do not include a reason for your amendment request, or at our discretion. If your amendment request is denied, you will be informed of the denial and may submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means, or at an alternative location. For example, you may ask us to contact you at work rather than at home. We will make attempts to accommodate all reasonable requests.
- Obtain an accounting of disclosures of protected health information. We will provide a list of disclosures of your information made after April 14th, 2003 for purposes other than treatment, payment, or health care operations. The accounting may exclude certain disclosures, such as disclosures made directly to you, at your request or authorized by you, disclosures to friends and relatives involved in your care, and disclosures for notification purposes.

Other Information Disclosures and Uses

Teaching and training purposes: Teaching, training, and mentoring by our providers is part of our practice. Unless you object, we may share information with our healing arts students and observers, including medical doctors, acupuncturists, and other therapists in training. We may then share information about you in the course of monitoring such students and trainees.

Communication with people involved in your care: Using our best judgment, or in an emergency, we may disclose to a family member, other relative, close friend, or other person you identify, information relevant to that person's involvement with your care or payment for your care.

Research purposes: We may disclose information to researchers we believe have a research project related to our practice and have established protocols to ensure your privacy.

Food and Drug Administration (FDA): We may disclose to the FDA your protected health information relating to adverse events involving food, supplements, products, and product defects, or to post marketing surveillance information to enable product recalls, or replacements.

Workers Compensation: If you were injured at work, we may disclose your protected health information to the extent required to comply with Workers Compensation laws.

Public Health: As required by law, we may disclose information about you to public health or legal authorities charged with preventing and controlling disease, injury, or disability.

Health Oversight Activities: We may disclose information about you to an oversight agency for activities authorized by law.

Abuse & Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.