



127 S. 5th Street
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www.flaspointacupuncture.com

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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 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.

This notice describes how your medical information may be used and disclosed and how your privacy is being protected at our clinic. This notice will also describe your rights and certain duties we have regarding the use and disclosure of medical information.

How Our Clinic May Use or Disclose Your Health Information

Information we collect to conduct our business: We gather and maintain information about your financial transactions, your medical history, treatment notes, recommendations and referrals. We also maintain any letters, faxes, emails, or telephone conversations to or from you or other health care practitioners, health care providers, insurance companies, and other third party administrators (e.g. requests for medical records, procedures, or ICD-9 codes).

The privacy of your medical information is important to us and we are committed to protecting your medical records. We create a record of the care and services you receive at our clinic to provide you with quality care and to comply with certain legal requirements. In order to maintain the level of service that you expect from our clinic, we may need to share limited personal medical and financial information.

Treatment: We use medical information about you to provide your medical care. Information obtained by us will be recorded in your medical record and used to help decide what care may be right for you. We may disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians, health care providers or other health care facilities providing you care. This will help them stay informed about your care.

Health Care Operations: We use your medical records to assess quality and improve services. To conduct or arrange for services including: medical quality review by your health plan; accounting, legal, risk management, and insurance services; audit functions, including fraud and abuse detection and compliance programs.

Payment: We use and disclose medical information about you to obtain payment for the services we provide and perform daily operations at our clinic. For example, we request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include you diagnoses, procedures performed, or recommended care.

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments, follow up on your care, and give you information about treatment alternatives or other health-related benefits and services. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone. We may also send you emails regarding your appointments.

Notification & Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Required by Law: We will limit our use and disclosure of your health information to relevant requirements of the law. When the law requires us to report abuse, neglect, domestic violence, or to respond to judicial, administrative proceedings, or to law enforcement officials, we will comply with requirements set forth below.

Public Health: We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Judicial and Administrative Proceedings: We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

Law Enforcement: We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.



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Public Safety: We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

When Our Clinic May Not Use or Disclose Your Health Information

Our clinic will not use or disclose health information that identifies you without your written authorization except as described in this Notice of Privacy Policies. If you do authorize our clinic to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Your Health Information Rights: Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular email account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

Right to Inspect and Copy: You have the right to inspect and copy your health information with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect or copy the record. We will charge a reasonable fee, as allowed by Pennsylvania law. We may deny your request under limited circumstances. If we deny your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to your child, you will have a right to appeal our decision.

Changes to this Notice of Privacy Practices: We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received.

Safeguards in place at our office include: Limited access to facilities where this information is stored. Strict policies and procedures for handling any personal, financial and medical information. Requirements for all associates, employees and volunteers that may come in contact with personal or medical information to comply with our privacy laws and policies.

We value our relationship with you, and respect your right to privacy.

We will not disclose your information to others unless you sign a release form, or unless the law requires us to do so. There may be a processing fee for the photocopying and release of your records.

A copy of this notice can be found on our website at www.flashpointacupuncture.com. If you have any questions call Friselina Locadia, L.Ac during regular business hours at 484-695-5200.

By signing below you acknowledge that you have read and understand this information clearly and that you have been offered or you have received a copy of this privacy policy.

X _____
Signature of patient: _____ Date: _____

Printed name of patient/guardian: _____ Guardian Signature _____ Date _____