



WHOLE BODY HEALING

Acupuncture & Oriental Medicine

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We at Whole Body Healing, Acupuncture and Oriental Medicine, are committed to protecting your privacy. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or for other purposes that are permitted or required by law. It also outlines your rights to access and control your protected health information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. If you ever have any questions or concerns regarding the use or dissemination of your personal health information, we would be happy to address them.

We are required to abide by the terms of this Notice of Privacy Practices. We have the right to revise or amend the terms of our notice at any time. The new notice will be effective for all protected health information that we have at that time and for future information. The current Notice will be made available to you.

DISCLOSURES

1. Uses and disclosures to carry out treatment, payment or health care operations:
Under HIPAA regulations, we do not need to obtain permission to use health information for treatment, payment and health care operations. However, several Vermont state laws require patient consent before health information is used or disclosed by health care providers.

We may use and disclose your health information (PHI) for the following reasons:

- **Payment:** We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of our services.
- **Treatment:** We will use and disclose your health information to provide, coordinate or manage your health care and any related services. This includes using your health



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information within our practice in our effort to provide you with quality health care as well as the coordination or management of your health care with a third party.

We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.

2. You have the right to limit uses or disclosures

You have the right to request that we do not disclose your health information to specific individuals, companies, or organizations. If you would like to place any restrictions on the use or disclosure of your health information, please let us know in writing. We are not required to agree to your restrictions. However, if we agree with your restrictions, the restriction is binding on us.

OR

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall allow you to object to future disclosures as soon as reasonably practicable after the delivery of treatment.

You have the right to revoke your authorization

You may revoke your consent to us at any time; however, your revocation must be in writing. We will not be able to honor your revocation if we have already released your health information before we receive your request to revoke your authorization. If you were required to give your authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.



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