



Your Information

Your Rights

Our Responsibilities

When it comes to your health information you have certain rights.

- \* You can ask to see or get a paper copy of your medical record & other health information we have about you. Ask us how to do this.
- \* We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- \* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- \* We may say "no" to your request, but we will tell you why in writing within 60 days.
- \* You can ask us to contact you in a specific way (ie. home, cell, or office phone) or to send mail to a different address.
- \* We will say "yes" to all reasonable requests.
- \* You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say "no" if it would affect your care.
- \* If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- \* You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include disclosures, except for those about treatment, payment and health care operation, and certain other disclosures (such as any you asked us to make). We will provide one accounting year at no charge, additional requests will be charged a reasonable cost-based fee.
- \* You can ask for a paper or electronic copy of this notice at any time.
- \* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your right and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- \* You can file a complaint if you feel we have violated your right by contacting us directly.
- \* You can file a complaint with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we'll follow your instructions.

- \* You have the right and choice to tell us to share information with your family, close friend or others involved in your care. Share your information in a disaster relief situation or include your information in a hospital directory.
- \* We will never share your information unless you have give us written person in the cases of marketing purposes and most sharing of psychotherapy notes.

How do we typically use or share your health information?

- \* To treat you. We can use your information and share it with other professionals who are treating you.
- \* To run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- \* To bill for your services. We can use and share your health information to bill and get payment from health plans or other entities.
- \* To help with public health and safety issues. We can share health information about you for certain situations such as: preventing disease; product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect or domestic violence; preventing or reducing a serious threat to anyone's health or safety.
- \* We can use or share your information for health research.
- \* We will share information about you if state and federal laws require it.
- \* We can share health information about you with organ procurement organizations.

Our Responsibilities

- \* We are required by law to maintain the privacy and security of your protected health information.
- \* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- \* We must follow the duties and privacy practices described in this notice and provide you with a copy of it.
- \* We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Changes to the terms of this notice.

- \* We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office.

This notice of privacy practices applies to Core Health and Wellness Acupuncture, LLC.