

Notice of Privacy Practices

Effective January 1st, 2011

Overview	THIS DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
	PLEASE REVIEW IT CAREFULLY.
Purpose	The purpose of this notice is to: <ul style="list-style-type: none"> • Provide you with notice of Patricia Lambers, L.Ac's information protection practices, and • Explain your rights as a patient.
Our Responsibilities	We are required to abide by the terms of this notice currently in effect by: <ul style="list-style-type: none"> • Maintaining the privacy of your Protected Health Information, and • Providing you with notice of our legal duties and privacy practices with respect to Protected Health Information.
Notice Revisions	We reserve the right to revise the terms of this notice, and to make the revised terms effective for all Protected Health Information we maintain. If we revise this notice, we will make the revised notice available within sixty (60) days.
Definitions	
Business Associate	A person or entity that uses Protected Health Information to perform a service for Peninsula Acupuncture. These services include, but are not limited to: <ul style="list-style-type: none"> • billing • claim processing • data entry
Protected Health Information	Information relating to your past, present or future health or condition, the provision of health care to you, or payment for the provision of health care to you. Protected Health Information includes, but is not limited to: <ul style="list-style-type: none"> • patient name • Social Security number/member ID • service date • diagnosis information • claim information
Disclose Information	We will only use and disclose your Protected Health Information without your authorization when necessary for: <ul style="list-style-type: none"> • disclosure to your plan sponsor to the extent permitted by law • payment • health care operations, or • as required or permitted by law (please see "Use or Disclosure Required or Permitted by Law" section).
About You	

Disclosure to Our Business Associates	We will only disclose your Protected Health Information to Business Associates who have agreed in writing to maintain the privacy of Protected Health Information as required by law.
Use or Disclosure Requiring Authorization	We will not use or disclose your Protected Health Information for purposes other than those described in this notice. If it becomes necessary to disclose any of your Protected Health Information for other reasons, we will request your written authorization.
	Revoking Authorization: If you provide written authorization, you may revoke it at any time in writing, except to the extent that we have relied upon the authorization prior to its being revoked.
Use or Disclosure Required or Permitted by Law	We may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure:
	<ul style="list-style-type: none"> • Public Health: For public health activities or as required by the public health authority.
	<ul style="list-style-type: none"> • Health Oversight: To a health oversight agency for activities such as audits, investigations and
	inspections. Oversight agencies include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
	<ul style="list-style-type: none"> • Legal Proceedings: In response to an order of a court or administrative tribunal, in response to a subpoena, discovery request or other lawful process.
	<ul style="list-style-type: none"> • Law Enforcement: For law enforcement purposes, including: <ul style="list-style-type: none"> – legal process or as otherwise required by law; – limited information requests for identification and location; – use or disclosure related to a victim of a crime; – suspicion that death has occurred as a result of criminal conduct; – if a crime occurs on our premises; or – in a medical emergency where it is likely that a crime has occurred.
	<ul style="list-style-type: none"> • Criminal Activity: As requested by law enforcement authorities, if the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

KNOW YOUR RIGHTS

Review Your Protected Health Information	You have a right to inspect and obtain a copy of your Protected Health Information.
Health Information Amendment Request	<p>Important: If you feel your Protected Health Information is incorrect, you have the right to request that it be amended.</p> <p style="text-align: center;">2</p>
Request to Restrict Your Protected Health Information	You can request restrictions on the use and disclosure of your Protected Health Information. We are not required to agree to a requested restriction.

Confidential Communication	When necessary, we mail your Protected Health Information to your home. If you feel receiving a copy of your Protected Health Information at your home could compromise your safety, you may request in writing, an alternate communication method and/or location.
	Examples: The patient may decide, for his or her safety, to have correspondence containing his or her Protected Health Information sent somewhere other than to his or her home, or to have the information sent via fax rather than mailed.
Accounting of Disclosures	If a disclosure of your Protected Health Information was made for a reason other than treatment, payment or health care operations, you have a right to receive an accounting of the disclosure.
	Important: If the disclosure was made to you, we will not provide an accounting.
Receive a Copy	You may request a paper copy from the contact person listed at the end of this notice
Complaints	If you believe that your privacy rights have been violated, you may submit a complaint to us or to the U.S. Secretary of Health and Human Services at any time. We will not retaliate against you for filing a complaint
	File complaints with us by calling our 408 386 2689 for complaints regarding:
	• restrictions on the use or disclosure of your Protected Health Information
	• amendments to your Protected Health Information, or
	• accounting of the use or disclosure of your Protected Health Information.
	File complaints with the U.S. Secretary of Health and Human Services using the <i>HIPAA Complaint</i>
	<i>Submission Form</i> at cms.hhs.gov/hipaa/hipaa 2/default.asp , or by mail to: HIPAA Complaint, 7500
	Security Blvd., C5-24-04, Baltimore, MD 21244, for complaints regarding:
	• Patricia Lambers' business practices, or the use of your Protected Health information

Contact Information

Contact us through patricia.lamberslac@gmail.com, or call our office at 408 386 2689 to request:

- restrictions on the use or disclosure of your Protected Health Information,
- amendments to your Protected Health Information,
- revoking authorizations,
- accounting of the use or disclosure of your Protected Health Information, or
- a copy of your Protected Health Information.