

# Your Health Information Rights (HIPAA)

\_ You have the right to request restrictions on certain uses and disclosures of your health information. If services are paid in full by cash you may restrict that information to any insurer for purposes other than for treatment.

\_ You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

\_ You have a right to request that we amend your protected health information. Please be advised, however, that we may not be required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

\_ You have a right to receive an accounting of disclosures of your protected health information made by Fire Horse Acupuncture.

\_ You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

\_ Please note that this office submits insurance claims via electronic media and fax machine. If you are not comfortable with this, please notify us and we will use alternate methods.

## **Changes to this Notice of Privacy Practices**

This office reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice.

## **Complaints**

Complaints about your privacy rights, or how Fire Horse Acupuncture has handled your health information should be directed to Lisa Ellis by calling this office at 503-331-1800. If Lisa Ellis is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

FOR ADDITIONAL INFORMATION ABOUT YOUR PRIVACY, PLEASE VISIT:

[www.hcfa.gov/medicaid/hipaa](http://www.hcfa.gov/medicaid/hipaa)

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how your medical information may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

Fire Horse Acupuncture is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

## **Disclosure of your Health Care Communication**

We may communicate the following information through one or more of these methods:

- In person
- By phone
- By fax
- By U.S. mail
- By email

## **Treatment**

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. "It is our policy to provide a substitute health care provider, authorized by Fire Horse Acupuncture, to provide

assessment and/or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situation."

### **Payment**

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. If payment is not made as arranged, our office may utilize an outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file containing protected health care information.

### **Workers' Compensation**

If applicable, we may disclose your health information as necessary to comply with state Workers' Compensation laws.

### **Emergencies**

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

### **Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child 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.

### **Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceeding.

### **Law Enforcement**

We may 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 or subpoena and other law enforcement purposes.

### **Deceased Persons**

We may disclose your health information to coroners or medical examiners.

### **Organ Donation & Research**

Though highly unlikely or probable we must inform you that there may a need to release your health information to organizations involved in procuring, banking or transplanting organs and tissues, or to researchers conducting research that has been approved by an Institutional Review Board.

### **Public Safety**

It may be necessary 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 to the general public.

### **Specialized Government Agencies**

We may disclose your health information for military, national security, prisoner and government benefits purposes.

### **Marketing & Other Communication**

We may contact you for marketing purposes or fundraising purposes, as described below:

We may contact you through our email marketing or by mail to provide you with information about upcoming events including classes, fundraisers, and parties as well as provide you with general health & wellness information.

**HIPAA (Health Insurance Portability and Accountability Act)**

Federal law provides for all of your health information to be completely private to you and your practitioner. Your information may not be shared except by explicit signed consent, and even then only to specifically designated parties. If you would like us to send any of your information to any other party, please let us know and we will get you the appropriate form. You may request a copy of your medical records at any time. We will get them to you within a reasonable amount of time. There are a few other ways we may have to share your health information, as provided by law. Please let us know if you have questions.

We will not sell your information to anyone, nor provide it in any other way. If you would like a full copy of the HIPAA laws for your review, please let us know. By signing, you admit to have read the above statements & policies. Thank you.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

**Financial and Cancellation Policy**

All payments are due at the time of service, unless prior arrangements have been made. If we are billing your insurance, make sure we have your insurance information on hand before the completion of your first appointment. You are responsible for all co-pays and deductibles, as well as any visits not covered by your insurance company.

**Cancellations**

Please provide us with 24 hours notice by either phone 503-331-1800 or email, [lisaellislac@gmail.com](mailto:lisaellislac@gmail.com) when cancelling or rescheduling your appointment. If you do not, you may be charged for the full amount of your appointment. If you have an emergency, please let us know.

I understand the above policy.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_