

Caspian Acupuncture -- Notice of Privacy

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The information provided below details the manner your protected health information could be accessed and released and what you need to know about this process. This important document should be reviewed thoroughly. Managing the privacy of your protected health information is extremely important.

Legal Responsibilities of the acupuncturist: As mandated by Federal and State legal requirements, your protected health information must be protected. As part of these regulations, the acupuncturist is required to ensure that you are aware of privacy policies, legal duties, and your rights to your protected health information. This notice of privacy policies, outlined below, will be in effect for the duration of practice until it is replaced. The acupuncturist reserves the right to modify privacy policies and the terms of this notice at any time, and will make such modifications within the guidelines of the law. The acupuncturist reserves the right to make the modifications effective for all protected health information that the acupuncturist maintains, including protected health information the acupuncturist created or received before the changes were made. Changing the notice will precede all significant modifications.

Protected Health Information Use and Disclosure: Information regarding your health may be used and disclosed for the purpose of treatment, payment, and other healthcare operations.

Treatment: Use and disclosure of your protected health information may be provided to a healthcare provider providing treatment to you. However, this information will not be provided unless you have authorized it in writing.

Payment: Your protected health information may be used and disclosed to obtain payment for services the acupuncturist provided to you.

Healthcare Processes: The acupuncturist may use and disclose your protected healthcare information in relation to our healthcare process. These processes include an assessment, improvement activities, reviewing the competence or qualifications of healthcare professionals, provider performances and evaluating practitioner, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Your Authorization: At any time, you may provide in writing your authorization for use and disclosure of your protected health information for any purpose. You may choose to revoke your written permission at any time. The revocation must be in writing. If you revoke your written authorization, it will not affect any use or disclosure prior to the revocation. Your protected healthcare information may be disclosed to you, as described in the patient rights section of this notice. In addition, your protected health information may be disclosed to a family member, friend, or other person to the extent necessary to assist you with your healthcare, but only with your authorization.

Person Involved In Care: In order to accommodate the notification of your location, your general condition, or death, your protected health information may be used or disclosed to a family member, your personal representative, or another person responsible for your care. If you are present and wish to object to such disclosures of your protected health information, you may do so. To the extent you are incapacitated or emergency circumstances exist, the acupuncturist will disclose protected health information using her professional judgment, disclosing only protected health information that is directly relevant to the person's involvement in your healthcare. The acupuncturist will use professional judgment and our experience with common practices to make reasonable inferences of your best interest in allowing a person to pick up filled herbal prescriptions.

Marketing Health-Related Services: The use of your protected health information for the purpose of marketing is prohibited without your written authorization.

Required By Law: Your protected health information may be used or disclosed if required by law.

Abuse or Neglect: As required by law, if the acupuncturist has reason to believe that you are the victim of possible abuse, neglect, domestic violence, or other possible crimes, your protected health information may be disclosed to the appropriate authorities. If the acupuncturist has reason to believe the use or disclosure of your protected health information will prevent a serious threat to your health or safety or the health or safety of others, the acupuncturist may have to provide the necessary protected health information.

National Security: Under some circumstances, the military may require disclosure of healthcare information for armed forces personnel. For the purpose of national security activities, counter intelligence and lawful intelligence, authorized federal authorities may require disclosure of protected health information. Protected healthcare information disclosure may be made to correctional facilities or law enforcement authorities with the lawful authority requiring custody of such information.

Appointment Reminders: Your protected healthcare information may be used to assist you with appointment reminders in the form of voicemail messages, postcards, emails, or letters. The acupuncturist may also write a thank you card to whom ever referred you to her practice.

Patient Rights Access: With limited exception, you have the right to review your protected health information.

Disclosure Accounting: You may choose to request a review of every time the acupuncturist discloses your protected health information for reasons other than treatment, payment, healthcare information and certain other activities for the last six years.

Restrictions: You may request the acupuncturist apply additional restrictions to any disclosure of your healthcare information. The acupuncturist is not required to respond to the application of these additional restrictions. If the acupuncturist agrees to follow your request regarding additional restrictions, the acupuncturist will follow the agreed restrictions unless an emergency situation dictates otherwise.

Alternative Communication: You may request how you are communicated to regarding your protected health information. Your request must be in writing and can spell out other ways or other locations regarding your protected health information communication. You must identify agreed upon explanations of payment arrangements under alternative communications.

Electronic Notice: If you receive a notice electronically, you are entitled to receive the notice in writing as well.

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We keep a record of the health care services we provide. You may ask to see a copy of that record. You may also ask to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or obtain more information about it by contacting our privacy officer.

Our **Patient Privacy Disclosure** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By signing, I attest that I have received a copy of the Patient Privacy practices of this office:

Signature of patient or legally authorized individual

Date

Printed name if signed on behalf of patient

Relationship to patient

Communication Agreement

This agreement allows you, as the patient, to choose how you would like this clinic to communicate with you. This clinic makes every effort to insure patient privacy. However emails to patients are not encrypted, and **there is no guarantee of privacy with e-mail, and texting.** Thus this clinic would like your permission before these forms of communication are used for scheduling, communication about herbs, and for any discussion of health concerns. You have the following choices:

Contact me by **e-mail** to:

- Remind me of appointments by automated email **yes** _____ **no** _____
- Schedule or cancel appointments **yes** _____ **no** _____
- Discuss herbal formulas, instructions, and possible side effects **yes** _____ **no** _____
- Discuss billing and send receipts: **yes** _____ **no** _____
- Preferred email to use for this communication _____

Contact me via **text** to remind me of, or to cancel, appointments: **yes** _____ **no** _____

- *I acknowledge that when sending and receiving text messages there is no process for validating the identity of the recipient. There is a risk of text messages being sent to the wrong recipient. Text messages are not a secure, encrypted or archived form of communication. Texting services at this office do not include out-of-the office reply and response to your text may be delayed without notice. When business is open, your practitioner will respond to your text message by the next business day. Initials* _____
- Preferred phone number for texting _____

Contact me by **phone** to:

- Schedule or cancel an appointment: **yes** _____ **no** _____
- Leave a **brief message** requesting that you call the acupuncturist: **yes** _____ **no** _____
- Leave a **detailed message** with health related information: **yes** _____ **no** _____
- Preferred phone number for messages: _____

By signing below, I acknowledge that I have read and agreed to the modes of communication described above and recognize the risks associated there of.

Signature of patient or personal representative _____

Print name of patient _____

Date _____

This form will be retained in your medical record. Last Updated 08/08/2016