

Healthpointe Acupuncture
Notice of Privacy Practices, Version 1.2
Effective April 28, 2003 (Version 1.0)
Revised August 20, 2005 (Version 1.1)
Revised June 15, 2007 (Version 1.2)

Please Note: Please read this policy and sign the accompanying Informed Consent Form that you have read and agree to this policy.

The term "Healthpointe" below refers to Healthpointe Enterprises, Inc. dba Healthpointe Acupuncture.

Purpose of This Notice

This notice tells you about how your medical information is used and disclosed. It tells you about your rights and Healthpointe's responsibilities to protect the privacy of your medical information. It also tells you how to file a complaint with this office, or with the government if you believe that any of your rights or any of our responsibilities have been violated.

This office is required by law to maintain the privacy of your medical information. You must review a copy of this notice and you must provide your signature that you have received it. Healthpointe must follow the terms of this notice that are currently in effect. If the notice is changed in any way, a revised notice will be available upon request and at Healthpointe's website at www.acupuncture-answers.com. These practices may change and those changes may apply to medical information which is already a part of your medical record, as well as any new information.

How Your Medical Information Is Used or Disclosed

For Treatment

Your medical information may be used or disclosed to provide you with treatment and services. This information may be shared with others involved in your care such as doctors, nurses, other providers, or health care facilities. Your health information may also be disclosed to a member of your family or other person who is involved in your care. If there is a family member, other relative or close friend to whom you do not want Healthpointe to disclose your medical information, please notify Healthpointe in writing (see "**Your Rights**" section below).

For Payment

Your medical information may be used or disclosed to bill and collect payment for the services and products provided to you. For example, you or a third-party payer may be sent a bill that includes accompanying information about your diagnosis, treatment and the supplies used. A third-party payer may also be contacted to confirm your coverage or to request prior approval for a planned treatment or service.

For Health Care Operations

Your medical information may also be used or disclosed for operational purposes. For example, your medical information may be used to evaluate Healthpointe services and to improve the quality and effectiveness of our healthcare services. You may be contacted at any phone number or address you have provided to remind you of an appointment, to discuss healthcare matters, or to obtain payment for services. Phone or email messages may be left for you. If you want to be contacted in a certain way or at a certain location, see "**Rights to Receive Confidential Communications**" below in this notice.

There are some services that are provided for Healthpointe by our business associates such as accountants, consultants and attorneys. Whenever Healthpointe shares information with our business associates we have a written contract that requires that they protect the privacy of your medical information.

Other Uses and Disclosures of Your Medical Information

Newsletter, Healthcare Information, and Treatment Alternatives: Your name, address, and/or email address may be added to a mailing list of patients in order to inform you of important health information,

services, and activities. If you do not want to receive these communications, please notify Healthpointe in writing.

Publication: The data incident to or obtained from your health record and treatments may be used for any medical, scientific or educational study, research, or published work. Confidentiality and anonymity will be preserved at all times.

Use or Disclosures That Are Required or Permitted by Law

Your medical information may be used for any uses that are required or permitted by law, for example:

- **Public Health:** Your medical information may be disclosed to public health and/or legal authorities if it is necessary to prevent a threat to the health or safety of a person or the general public.
- **Food and Drug Administration:** Your medical information may be disclosed, as required by law, to report any adverse effects of food, supplements, products, and product defects controlled by the Food and Drug Administration.
- **Law Enforcement:** Your medical information will be disclosed as required by law; in response to a court order or other legal proceeding; to identify or locate a suspect, fugitive, material witness or missing person; in reference to crimes that occur on our premises; in order to report a crime or emergency circumstances; when information is requested about an actual or suspected crime.
- **Health Oversight:** Your medical information may be disclosed, as required by law, to a health oversight agency.

Use or Disclosures That Require Your Authorization

Other uses and disclosures will be made only with your written authorization. You may cancel authorization at any time by notifying us in writing. If you cancel an authorization, it will not have an effect on information that has already been disclosed. Some examples of uses or disclosures that would require your written authorization are:

- A request to provide your medical information to an attorney for use in a civil lawsuit.
- A request to provide medical information to a supplement company for marketing purposes.

Your Rights

Your health or medical record is the physical property belonging to this office. The information in it belongs to you. You have the following rights:

Right to Request Restrictions: You have the right to request that your medical information not be used or disclosed for a particular reason related to treatment, payment or our operations. You may ask that family members or other individuals not be informed of specific medical information. Requests must be made in writing. Healthpointe may not agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. You can stop the restriction at any time through another written request.

Right to Receive Confidential Communications: You have the right to ask that we communicate with you in a certain way or at a certain place. If you want to request confidential communications, the request must be made in writing. Healthpointe must agree to your request, if it is reasonable.

Right to Inspect and Copy Your Medical Information: You have the right to ask to inspect and obtain a copy of your medical information. You must submit your request in writing. Healthpointe will charge a fee for the costs of copying, summarizing, and mailing it to you. Healthpointe may deny this request under certain limited circumstances. If your request is denied, Healthpointe will inform you in writing and you may request a review of the denial.

Right to Request Amendments to Your Medical Information: You have the right to request that we correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request in writing. We may deny your request if we determine that the information:

- Was not created by us
- Is not part of the medical information that we maintain
- Is in records that you are not allowed to inspect and copy
- Is already accurate and complete

Right to An Accounting Of Disclosure of Health Information: You have the right to find out what disclosures of your medical information have been made. This list of disclosures is called an accounting. The accounting may be for up to six years prior to the date on which you request the accounting, but cannot include disclosures made before April 28, 2003.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Request for an accounting of disclosure must be submitted in writing. You are entitled to one free accounting in any twelve month period. We may charge you for the cost of providing additional accountings.

Right to Obtain a Copy of the Notice: You have the right to ask for and get a paper copy of this notice and any revisions we make to the notice at any time. Revised notices are also available online at www.acupuncture-answers.com and are posted on the bulletin board at the office.

Complaints

You have the right to complain to this office and to the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated. There is no risk involved if you file a complaint. To file a complaint, contact us in writing by mail:

Lisa Marie Price, President
Healthpointe Acupuncture
50 West Edmonston Dr. Ste. 505
Rockville, MD 20852

To file a complaint with the government, send your complaint in writing by mail to:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201
Attn: U.S. Secretary of Health and Human Services