

NOTICE OF PRIVACY PRACTICES at Yew Acupuncture & Sound Sanctuary (YASS)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Yew Acupuncture & Sound Sanctuary (YASS) respects and maintains the privacy and confidentiality of your protected health information (PHI). We take significant actions to maintain the security and integrity of your health information. In order to provide you with quality care and to ensure compliance with certain legal requirements, we create a record of the care and services you receive in our office.

Your PHI is contained in the medical and billing records maintained by our practice. It includes demographic information and information that relates to your present, past or future physical or mental health and related health care services.

This Notice of Privacy Practices (“Notice”) describes the ways in which we may use and disclose regarding your PHI. It also describes your rights and our legal obligations. This Notice applies to uses and disclosures we may make of all your PHI, whether created by us in our practice or received by us from another health care provider.

OUR LEGAL DUTY TO PROTECT YOUR HEALTH INFORMATION

Federal and State law require us to:

- Ensure the privacy of your PHI, which we have either created in our practice or received from another health care provider, whether it is about your past, present, or future.
- Maintain the privacy of your PHI regarding payment for your healthcare;
- Explain the manner in which we may use and disclose your PHI
- Abide by the terms of this Notice, as currently in effect; and
- Obtain your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law.

CHANGES TO THE NOTICE

Yew Acupuncture & Sound Sanctuary reserves the rights to amend this Notice of Privacy Practices at any time in the future, and make the new provisions effective for all PHI we maintain, regardless of when it was created or received. If the notice is amended, it will be available to you upon request, in our office, and on our website.

TREATMENT

We may use and disclose your PHI to provide you with medical treatment and services, and to coordinate or manage your health care and related services. We may disclose your PHI to our doctors, nurses and other health care providers, as well as to any other party involved in your care, either within our practice or an outside health care provider. We may also disclose your PHI to providers or facilities who may be involved in your care after you leave our facility or our care.

PAYMENT

We may use and disclose your PHI to bill and receive payment for the treatment and services we provide. We may disclose your PHI to an insurance company or managed care company, Medicare, Medicaid or any other third party payer. We may also provide PHI to collection departments, consumer reporting agencies or any other health care provider who requests information necessary for them to collect payment.

FOR HEALTH CARE OPERATION:

We may use and disclose your PHI as necessary for us to operate our medical practice. We may use and disclose your PHI for internal operations, such as general administrative activities and quality assurance programs.

TRAIN STAFF AND STUDENTS

We may use and disclose your information to teach and train staff and students. One example of this is when teaching physicians review patient health information with medical students. We may use and disclose your PHI:

- To review and improve the quality of the care you receive;
- To train and educate doctors, nurses, students, volunteers or other medical staff
- To our lawyers, consultants, accountants and other business associates;
- In order to compare your information with that of several other patients to determine if we should offer new services or if new treatments were effective;
- To identify groups of patients who have similar health problems to give them information about treatment alternatives, programs or new procedures;

- To assist others who may be reviewing our activities such as accountants, lawyers, consultants, risk managers, and others who assist us in complying with state and federal laws;
- If we are in the process of selling our business or merging with other health care entities, or giving control to someone else; and
- For procedures involving health care fraud and abuse detection and compliance

WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION IN:

The following are situations in which we may use or disclose your PHI without your written authorization or an opportunity for you to agree or object:

1. **As Required by Law:** We may disclose your PHI when required to do so by federal, state, or local law or other judicial or administrative proceedings.
2. **In case of Emergencies:**
We may use or disclose PHI as necessary in emergency treatment situations.
3. **Public Health Risk:** We may disclose your PHI for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of spreading a disease. Other examples may include reports about injuries or disability, reports of births and deaths, and reports of child abuse and/or neglect
4. **At Our Office:** Unless you object, we may use and disclose certain limited information about you on our sign-in sheet while you are in our offices. This information may include your name, but not your condition. We will also call your name to notify you that the provider is ready to see you or that we need to discuss something with you.
5. **Individuals Involved in Your Care or Payment for Your Care**
Unless you object, we may disclose PHI about you to a family member, relative, close personal friend or any other person you identify, including clergy, who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in payment for your care.
6. **Disaster Relief:** Unless you object, we may disclose protected health information about you to an organization assisting in disaster relief efforts. Even if you object, we may still share information about you if necessary to respond to emergency circumstances.
7. **Reporting victims of Abuse or Neglect** When authorized by law, or if you agree to the report, and if we believe that you have been a victim of abuse or neglect, we may use and disclose your PHI to notify a government authority.

8. **Health Oversight Activities:** When authorized by law, we may disclose your PHI to a health oversight agency for our activities, such as audits, investigations, inspections, licensure actions or other legal proceedings. A health oversight agency is a state or federal agency that oversees the health care system.

9. **Judicial and Administrative Proceedings**

We may disclose your PHI in response to a court or an administrative order. In certain circumstances, we also may disclose PHI in response to a subpoena, a discovery request, or any other lawful process by another party involved in the action. We will make a reasonable effort to inform you about the request.

10. **Law Enforcement:** We may disclose your PHI for certain law enforcement purposes, including, but not limited to:

- Reporting certain types of wounds and/or other physical injuries
- Reports required by law;
- Reporting emergencies or suspicious deaths;
- Complying with a court order, warrant, subpoena (in certain circumstances), or other legal process;
- Identify or locate a suspect or missing person, material witness/fugitive;
- Answering certain requests for information concerning crimes, about the victim of crimes;
- Reporting and/or answering requests about a death we believe may be the result of a crime;
- Reporting criminal conduct that took place on our premises; and
- In emergency situations to report a crime, location of the crime or victim or identity, description and/or location of a person involved in the crime.

11. **Research: In some situations,** your PHI may be used for research purposes, provided that the privacy and safety aspects of the research have been reviewed and approved by an institutional review board or a privacy board. The board must have established procedures to ensure that your PHI remains confidential.

12. **To Avert a Serious Threat to Health or Safety**

We may use or disclose your PHI if we believe it is necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. We may only make the disclosure to a person or entity that would be able to help lessen or prevent the threatened harm.

13. Military or Veterans:

If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may also disclose your PHI to the appropriate foreign military authority if you are a member of a foreign military.

14. National Security and Intelligence Activities:

We may disclose PHI to authorized federal officials conducting national security, counterintelligence, and intelligence activities authorized by law.

15. Workers' Compensation:

We may use or disclose your PHI to comply with laws and regulations relating to workers' compensation or similar programs established by law that provide benefits for work-related injuries and/or illnesses.

16. Appointment Reminders:

We may use or disclose PHI to remind you about: Appointments in our organization via text, e-mail, mail or call with appointment reminders.

17. Treatment Alternatives and Health-Related Benefits and Services:

We may use or disclose your PHI to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about: Treatments; Services; Products; Other health care providers; Special programs; Nutritional services.

18. Business Associates:

We may disclose your PHI to our business associates under Business Associate Agreements. Business associates may include: Answering Services; Transcription Services; Accounting Services; Attorney/Legal Services.

19. Employers: We may disclose your PHI to your employer in regards to findings relating to the medical surveillance of the workplace or evaluation of work-related illnesses or injuries.

YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES OF YOUR PHI Except for those circumstances listed above, we will use and disclose your PHI only with your written authorization, in writing, at any time. If you revoke an authorization, we will no longer use or disclose your PHI for the purposes covered by that authorization, except where we have already relied on the authorization.

YOUR RIGHTS REGARDING YOUR PHI

1. **The Right to Access Your PHI:** Except under limited circumstances, and upon written request, you have the right to inspect and obtain a copy of your PHI.

NOTE: To inspect and request a copy of your PHI, you should submit your written request to us. Under current state law, we may charge you no more than \$1.04 per page for the first 30 pages, \$0.79 for additional pages and a \$23.00 clerical fee for searching and handling, if we make a copy of your medical record. There are some circumstances under which we are not permitted to charge you for the record, but in most cases we may charge.

We must respond to your request within 30 days, by either supplying the records or sending a written notification of denial. We may deny your request to inspect or receive copies of your PHI in the following limited circumstances:

- The information was compiled exclusively in connection with a criminal, civil or administrative proceeding;
- The disclosure to the patient is prohibited by the Clinical Laboratory Improvement Act (42 U.S.C. §263a);
- You are a correctional institution inmate and the correctional administrators have provided reasons for denying access;
- The Privacy Act (5 U.S.C. §552a) prohibits access;
- The information was obtained by a person other than a health care provider upon our promise to keep the information confidential, and access would reveal the informant's identity;
- We determine access is likely to endanger the life or safety of patient or others;
- The information contains information about another person and we determine that access is likely to cause substantial harm to that person;
- Request for access are made by patient's personal representative and we believe access is likely to cause substantial harm to the patient or others.

If you are denied access to your PHI, in some cases you will have the right to request a review of this denial. The review will be performed by a licensed health care professional designated by us, who did not participate in the original decision to deny access.

2. **The Right to Request Non Disclosure to Health Plans Items or Services That Are Self-Paid:** You have the right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.
3. **The Right to Request Restrictions:** You have the right to request a restriction on the way we use or disclose your PHI for treatment, payment or health care operations. You also have the right to request restrictions on the PHI that we disclose about you to a family member, friend or other person involved in your care or the payment of your care. If you wish to request such a restriction, you should submit your written request to us. You must tell us what information you want restricted, to whom you want the information restricted, and whether you want to limit our use, disclosure or both. We are not required to agree to such a restriction. If we do agree to the restriction, we will honor that restriction except as needed to provide you with emergency treatment.
4. **The Right to Request Confidential Communication:** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number or a specific address. You should submit your written request for confidential communications to us. You must tell us how and where you want to be contacted. We will accommodate your reasonable requests, but may deny the request if you are unable to provide us with appropriate methods of contacting you.
5. **The Right to Inspect and Receive Copies:** In most cases, you have the right to inspect and receive a copy of certain healthcare information including certain medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
6. **The Right to a Paper Copy of This Notice** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone or on our website,

SPECIAL RULES REGARDING THE DISCLOSURE OF MENTAL HEALTH CONDITIONS, SUBSTANCE ABUSE, AND HIV-RELATED INFORMATION

For uses and disclosures of your PHI related to care for mental health conditions, substance abuse, or HIV-related information, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or if a court orders the disclosure.

1. **Mental Health Information:** If needed for your diagnosis or treatment in a mental health program, mental health information may be disclosed as needed between your treatment team members, and very limited information may be disclosed for payment purposes. Otherwise mental health information may not be disclosed without your authorization, except as specifically permitted by state or federal law.
2. **HIV-Related Information:** HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written authorization.
3. **Substance Abuse Treatment:** If you are treated in a substance abuse program, information which could identify you as alcohol or drug-dependent will not be disclosed without your specific authorization except for purposes of treatment or payment or when specifically required or allowed under state or federal law.
4. **Psychotherapy Notes:** A special authorization is required for the disclosure of psychotherapy notes, and special rules may apply which limit the information which is disclosed.

COMPLAINTS:

Complaints about your Privacy rights, or how we have handled your health information should be directed to Thanadej (Teng) Throngkitpaisan at yasstohealing@gmail.com

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.,
Room 509F HHH Building
Washington, D.C. 20201

Yew Acupuncture & Sound Sanctuary
www.yasstohealing.com

ACKNOWLEDGEMENT of RECEIPT of NOTICE of PRIVACY PRACTICES

This document is to be signed by a person legally responsible for the patient's medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that Yew Acupuncture & Sound Sanctuary (YASS) has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints, I may contact:

Thanadej (Teng) Throngkitpaisan at yasstohealing@gmail.com

I also understand that I am entitled to receive updates upon request if Yew Acupuncture & Sound Sanctuary (YASS) amends or changes its Notice of Privacy Practices in a material way.

Signature/Guardian

Date

THIS SECTION IS TO BE COMPLETED BY YASS ACUPUNCTURE & SOUND SANCTUARY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy practices from the above-named patient, but was unable to because:

Patient declined to sign this Written Acknowledgement

Other (specify): _____