

BINA JANGDA ACUPUNCTURE

Notice of HIPPA Privacy Practice

The attached Notice describes how health information about you may be used, and your rights, regarding the use of that information. **Please review this summary and the full Notice carefully.**

Bina Jangda Acupuncture Pledge: Staff and Employees of Bina Jangda Acupuncture and its affiliates and contract providers understand that information about you and your health is personal. We are committed to protecting your health information.

Who will follow the rules in this notice: All Bina Jangda Acupuncture staff will follow these rules. You have the right to:

- Ask to see, read, and or/obtain a copy of your health record (charges may be necessary)
- Ask to correct information that you believe is wrong in your health record.
- Ask that your health information not be shared with certain individuals.
- Ask that your health information not be used for certain purposes: for example, research
- Ask that Bina Jangda Acupuncture send copies of your health records to whomever you wish (charges may be necessary).
- Be informed about who has read your record
- Specify where and how Bina Jangda Acupuncture employees may contact you.
- Receive a paper copy of the full Notice of Privacy Practices.

Who is authorized to see confidential Patient Health Information (PHI) at Bina Jangda Acupuncture?

The Acupuncturist may access the entire medical record. The "Notice of Privacy Practices" describes the ways in which we may use patient health information without obtaining patient's specific authorization. Certain uses such as for Treatment, Payment and health care Operations are permitted:

1. **Treatment** of patient, including appointment reminders
2. **Payments** of health care bills (insurance claim submissions, authorizations and payment posting)
3. Healthcare **operations** and business operations, including, teaching and medical staff quality activities, research (when approved by the IRB and with a patient's written permission); health care communications between patient and their health care practitioner.

Written Authorization

To use or disclose patient health information for almost any other reason, you will need to sign a written authorization prior to access of disclosure. Refer to the "Notice of Privacy Practices: for a list of covered exceptions to the authorization required related to public policy, certain health disease reporting requirements and law enforcement activities. (Available as of April 14, 2003 at <http://www.ucsf.edu/hippa>.) If you do not know or understand what you can do with Patient Health Information, please read the "Notice of Privacy Practices

Exceptions to the Rules

Under HIPPA, there are certain exceptions to these general rules. These exceptions are described in the "Notice of Privacy Practices." Disclosures can be made without patient authorization: subject to profession judgment, for public health and safety purposes, for government functions, law enforcement and based on judicial request or subpoena.

If you have concerns about how your health information might be (or has been) shared, please speak with Bina Jangda Acupuncture or call 510-393-7565. If you believe your privacy rights have NOT been maintained you may file a complaint with the Secretary, the address is US Dept. of Health and Human Services, Office of Civil Rights, Attn: Regional Manager, 50 United Nations Plaza, Rm 322, San Francisco, CA 94103. You will not be penalized in any way for filing a complaint.

- I acknowledge receipt of the "Notice of Practices: and "Patients Rights". I understand that my signature does not authorize disclosure, but only acknowledges that I have received a copy of the full Notice.
- I understand and acknowledge that it is the practice of Bina Jangda Acupuncture to place a reminder phone calls to me the night before treatment, and I agree to received these calls.

Please Print Name: _____

Signature: _____

Date: _____

Patient/Client declined to sign receipt (staff signature): _____