

Privacy Policy

As providers of your care, we have developed certain practices to help protect your health information. In general, our Privacy Practices describe how, when and why we may use and disclose your health information, as well as your rights with regard to your health information.

YOU ARE ENTITLED TO RECEIVE AND REVIEW OUR FULL LENGTH LEGAL NOTICE OF PRIVACY PRACTICES THAT YOU MAY OBTAIN IN OUR OFFICE, ON OUR WEB SITE AT www.acupuncturist.edu OR RECEIVE A COPY BY MAIL OR E-MAIL OR BY CALLING 352.337.2535

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), provides certain protections for any of your health information that can be specifically identified as yours. HIPAA permits and our Privacy Practices allow us to use your individually identifiable health information or share it with another health care provider or an insurance company in the following circumstances:

- To treat and care for you, including contacting you for appointment reminders and follow-up care;
- To obtain payment from you or your named insurance company or
- Administrative and clinical office procedures designed to optimize scheduling and coordination of care among our teachers, staff, and students;
- In connection with our clinic or academic operations which typically include teaching, training and review for students and staff, business planning, customer service, grievance resolution, and other general administrative activities.

HIPAA also allows us to use certain health information for the following activities:

- Fund-raising purposes;
- When required by law;
- Possible abuse, neglect or domestic violence;
- Public health and safety and national security;
- Audits, certifications, licensing, accrediting or credentialing activities related to quality assurance and compliance reviews;
- Law enforcement related to its criminal investigations;
- Judicial and administrative proceedings;
- Research (provided other precautions are taken regarding your information).

If our use or disclosure is not for one of the activities described above and is not otherwise permitted under HIPAA, we will ask you to complete a written authorization before we use or release your health information.

The authorization will:

- Describe in detail the health information it covers;
- Identify to whom your health care information will be released and how it will be used;
- Describe when it will be used or released; and finally
- State the expiration date.

When receiving services from us, you will also be able to decide whether we can discuss your health information with your family or friends.

Even if you have provided us with your authorization, you may withdraw that authorization, in writing, at any time to stop our future disclosures of your health information. Information disclosed before you revoked your authorization will not be returned and any actions that we have already taken based on prior authorizations will not be affected.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Restricting a Use/Disclosure.

You may request a restriction on how we use or disclose your health information. We are not required to agree to your request and any approved restriction may only be followed to the extent permitted by law.

2. Requesting Confidential Communications.

You may request reasonable changes in how or where we may contact you to remind you of an appointment or provide other health information. You may request that we only communicate your health information privately with no one else present, or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

3. Inspecting and Obtaining Copies of Your Health Information.

You may ask, in writing, to look at and/or obtain a copy of your health information. You have the right to read, review, and copy your health information, including your complete chart and billing records. If you would like a copy of your health information, please let us know. We may need to charge you a reasonable fee to duplicate and assemble your copy.

4. Requesting a Change in Your Health Information.

You may request, in writing, a change or addition to your health information. The law limits the types of changes that may be made and we may not erase or delete any information in your records. You have the right to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change. Your request may be denied if the health information record in question was not created by our office, is not part of our records, or if the records containing your health information are determined to be accurate and complete.

5. Requesting an Accounting of Disclosures of Your Health Information.

You may ask, in writing, for an accounting of certain types of disclosures made of your health information. Disclosures made with your authorization will not be included in the accounting. You have the right to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment, or health operations. Our documentation procedures will enable us to provide information on health information usage from April 14, 2003 and forward. Please let us know in writing the time period for which you are interested. We may need to charge you a reasonable fee for your request.

6. Obtaining a Notice of Our Privacy Practices.

You have the right to obtain a copy of this Notice of Privacy Practices directly from our office at any time. Stop by, give us a call, go to our website at www.acupuncturist.edu or we will send you a copy by email or email. We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our Notice. If we change our privacy practices we will be sure all of our patients receive a copy of the revised Notice.

We welcome an opportunity to address any questions or concerns that you may have regarding the privacy of your health information.

If you believe that the privacy of your health information has been violated, you may contact us to discuss your concern or to file a complaint. Please contact our Privacy Officer calling 352.335.2332 or address: 305 SE 2nd Avenue, Gainesville, FL 32601. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized or retaliated against for filing a complaint or voicing a privacy concern.

WHAT IS YOUR HEALTH INFORMATION?

According to the HIPAA law, your "Protected Health Information" is any information about you that can identify you. This includes your health records and such things as your name, telephone number, address, and dates such as your birthday, start of treatment and appointments.

MORE INFORMATION ABOUT HOW YOUR HEALTH INFORMATION MAY BE USED

We will use and communicate your health information only for purposes of providing your treatment, obtaining payment and conducting our clinic, academic and administrative operations. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between faculty, staff and students. In addition, we may share your health information with referring physicians, pharmacies, or other health care practitioners providing you treatment. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

For Insurance Reimbursement

We may use your health information to collect payment for treatment you receive from us.

For Law Enforcement

As permitted or required by State or Federal Law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including under certain limited circumstances, if you are the victim of a crime or in order to report a crime.

To Conduct Clinic or Academic Operations

Your health information may be used during evaluations of our students and staff. Some of our best teaching opportunities come from patients receiving care from us. As a result, health information may be included in teaching programs for students and staff. It is also possible that health information will be disclosed during audits by government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing, accreditation, or credentialing activities.

Patient Reminders

Because we believe regular care is very important to your health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow-up on your care and inform you of treatment options or services that may be of interest to you or your family. These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best care possible. It may include postcards, letters, telephone reminders or electronic reminders such as email (unless you tell us that you do not want to receive these reminders.)

Family, Friends, Caregivers

We may share your health information with those you tell us will be helping you with your care. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information and only when it will be important to those participating in providing your care.

Abuse or Neglect

We will notify government authorities if we believe a patient is the "victim" of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law, or with the patient's agreement.

Public Health and National Security

We may be required to disclose to government officials health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit from such disclosure.

Medical Research

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of the health histories as a part of a research study will happen only under the ethical guidance, requirements and approval of an Institutional Review Board.

Authorization to Use or Disclose Health Information

Other than is stated above, or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.