

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, AVAILABLE AT OUR OFFICE, ON OUR WEB SITE AT www.acupuncturist.edu, OR BY CALLING 352.335.2332

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), provides certain protections for any 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 to 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;
- 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.

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. There may be a fee associated with your request.

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.

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. We may need to charge you a reasonable fee for your request.

6. Obtaining a Notice of Our Privacy Practices

Our Notice explains and informs you of our Privacy Practices. You may obtain a copy of our Notice as described above.

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 by calling 352.335.2332 or by writing 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

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.

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 and will share your health information only when it will be important to those participating in providing your care.

Medical Research

Advancing medical knowledge often involves learning from the careful study of the medical histories of prior patients. Formal review and study of your health history 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 what is stated above, or where Federal, State or Local law requires it, we will not disclose your health information except with your written authorization. You may revoke that authorization in writing at any time.