

## Notice of Privacy Policies

My signature below indicates that a written copy of the Damian McCleod Acupuncture Notice of Privacy Policies was provided to me.

\_\_\_\_\_  
Patient Name

**X**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



## NOTICE OF PRIVACY POLICIES

This notice of privacy practices is being provided to you as required by the health insurance portability and accountability act (“HIPAA”).

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.

### **Our Responsibility Regarding Your Medical Information**

We respect the privacy of your medical information. Each time you visit us, we record information about the care you receive, including external information we receive about your health care and information to seek payment for our services (your “medical information”). This medical information is also called your “Protected Health Information” (“PHI”). These records may be kept on paper, electronically on a computer, or stored by other media.

Damian McCleod Acupuncture is required by law to:

- Maintain the privacy and security of your PHI;
- Notify you following a breach of your unsecured PHI, if required by law;
- Provide this Notice to you and describe the ways we may use and share your PHI;
- Notify you of your rights regarding your PHI;
- Follow the terms of this Notice.

We reserve the right to make changes to this Notice at any time and to apply new privacy or security practices to medical information we maintain. You can access the Notice that is current at any time at our website: <http://dmacupuncture.nyc/notice-of-privacy.pdf>.

### **How We May Use and Share Your Medical Information**

This Notice explains how we may use and share medical information about you in order to provide health care, obtain payment for that health care, and operate our business. This Section also describes several other circumstances in which we may use and share your medical information. We do not need your authorization (permission) to use your medical information in the following circumstances:

#### **1. Treatment**

We keep records of the care and services we provide to you. We may use and share your information with doctors, nurses, technicians, medical or nursing students, or anyone else who needs the information to take care of you.

Example: We use medical information to notify you about products or services we provide that are related to your health, recommend treatment alternatives and to provide information about health-related benefits or services that may be of interest to you.

#### **2. Payment**

We may use and share information about you so that we may bill and collect payment for those services. Your information may be used to obtain payment from you, your insurance company, or another person you identify.

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Example: We submit claims for services rendered using medical information about the services provided to obtain payment from insurance companies, including Medicare, and family members or others who are responsible for paying the patient's bill.

### 3. Relatives, Close Friends, and Caregivers

We may share your medical information with your family member or relative, a close personal friend, or another person you identify if you do not object to the disclosure or you agree to share your information with them. If, for some reason such as medical emergency, you are not able to agree or disagree, we may use our professional judgment to decide whether sharing your information is in your best interest. This includes information about your location and general condition.

### 5. Contacting You

We may use and share your medical information to contact you about appointments and other matters by mail, telephone, or email. We will honor any reasonable request you make to receive an appointment reminder in a different way. We may also share information about treatment options or health-related products or services that may interest you.

### Permitted and Required by Law

We are required and permitted by federal, state and local laws to share medical information to certain government agencies and others. For example, we may share your medical information to:

- report information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- alert a person who may have been exposed to a communicable disease or may otherwise be at risk of developing or spreading a disease or condition;
- prevent or lessen a serious and imminent threat to a person for the public's health or safety, or to certain government agencies with special functions;

We may also share your medical information:

- as a part of a judicial or administrative proceeding in response to a legal order or other lawful process;
- with the police or other law enforcement officials for example, reporting about certain physical injuries, crimes, victims or unidentified patients;

### Other Uses of Your Medical Information

We will not use or share your medical information for any reason other than those described in this Notice without a written authorization signed by you or your personal representative. An authorization is a document that you sign that directs us to use or disclose specific information for a specific purpose. For example, if you want your medical information sent to a family member, we will ask you to sign an authorization.

You may change your mind about your authorization at any time by sending a written "revocation statement" to Damian McCleod Acupuncture at [dmcclodacu@gmail.com](mailto:dmcclodacu@gmail.com). The revocation will not apply if we have already taken action for which we relied on your permission.

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## Your Rights Regarding Your Medical Information

### 1. Inspect and Receive a Copy Your Medical Information

You may access and receive a copy your medical record file, billing records, and other similar records used to make decisions about your treatment and obtain payment for our services. We may deny access to a portion of your records under limited circumstances. If you want to see your records or receive a copy, call Damian McCleod Acupuncture at (917) 806-8505. We will expect you to complete, sign, and return a Record Request form. We will charge you for the reasonable cost of the copy and postage costs to the extent state law allows it.

### 2. Amend Certain Records

You have the right to request an amendment (correct or add to) to your medical information that we maintain. If you believe that the information is either inaccurate or incomplete and you would like to amend your information, you may send your updated information to [dmmcleodacu@gmail.com](mailto:dmmcleodacu@gmail.com). We will decide if we will grant your request or, under limited circumstances, deny your request.

### 4. Receive an Accounting of Disclosures

You may request a list of people or organizations, outside of Damian McCleod Acupuncture, with whom we have shared (disclosed) your medical information. This list will not include disclosures:

- To you
- For your treatment
- To obtain payment for your treatment
- Permitted by your authorization, or
- As described in this Notice.

### 5. Request Restrictions

You have the right to ask us to restrict or limit the medical information we use or disclose about you for treatment or payment. We are not required to agree to your request with one exception specified below. If we do agree, we will comply unless the information is needed to provide emergency treatment. Your request for restrictions must be made in writing and submitted to Damian McCleod Acupuncture at [dmmcledacu@gmail.com](mailto:dmmcledacu@gmail.com). By law, we must agree to your request to restrict disclosure of your medical information to a health plan if the disclosure is a) for the purpose of carrying out payment or health care operations, b) is not otherwise required by law, and c) for an item or service you have paid for in full, out-of-pocket.

### 6. Breach Notification

You may have the right to be notified in the event of unpermitted access or use of unsecured medical information. If the law requires us to notify you of this type of access or use, then we will notify you promptly with the following information:

- A brief description of what happened,
- A description of the medical information involved,
- Recommended steps you can take to protect yourself from harm,
- What steps were taken in response to the breach, and
- Contact procedures so you can obtain further information.

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### Further Information and Complaints

If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact Damian McCleod Acupuncture at [dmcclleodacu@gmail.com](mailto:dmcclleodacu@gmail.com). You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. We will not take any action against you if you file a complaint with us or with the OCR.

U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Toll Free Call Center: 1-800-368-1019  
TTD Number: 1-800-537-7697  
<http://www.hhs.gov/ocr/>