HIPAA Notice of Privacy practices

**Patient’s Privacy Rights and Privacy Policies and Practices of American Chinese Medical Center, P.C. and Lydia Liu’s Acupuncture**

# Issued and Prepared By: Howard Liu Effective Date: April 14, 2003

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

#### Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your healthcare provider, our office staff who are involved in your care and treatment for the purpose of providing health care services to you, to pay your healthcare bill, to support the operations of American Chinese Medical Center’s and Lydia Liu’s practice, and any other use required by law.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination of management of your healthcare with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and/or treat you.

# Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations:

We may use or disclose, as needed, your protected health information in order to support the business activities of American Chinese Medical Center and Lydia Liu’s Acupuncture. These activities include, bur are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, Public Health issues and as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Corners and Funeral Directors: Research: Criminal Activity: Military Activity and National Security: Workers Compensation: Inmates: Required uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.5000

# Other Permitted and Required Uses and Disclosures

This will be made only with your consent, authorization or opportunity to object unless required by law.

# Revocation of Authorization

You may revoke this authorization, at any time, in writing, except to the extent that your provider has taken an action in reliance on the use or disclosure indicated in the authorization.

#### Your Right

You have the right to inspect and copy your protected health information. Under the federal law, however, you may not inspect or copy the following records; psychotherapy notes: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administration action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have a right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your provider is not required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request.

You may have the right to have your provider amend your protected health information. If we deny your request for the amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

## Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for** **filing a complaint.**

**This notice was published and will become effective on April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected information. If you have any objections to this form, please speak to us at 617-34-7333.

