

**Acknowledgement of Receipt of Alameda Acupuncture's
Notice of Privacy Practices**

Practice

Alameda Acupuncture Corporation
2258 Santa Clara Avenue, Suite 1
Alameda, CA 94501

Privacy Officer

John Nieters, DAOM, L.Ac.
Privacy Officer
(510) 814-6900

It is Alameda Acupuncture's policy that treatment NEVER be conditioned on the signing of this acknowledgement of receipt of Notice of Privacy Practices. In addition, no retaliatory action will be tolerated from health care providers or staff in response to a patient's decision not to sign this acknowledgement.

By signing this document, I acknowledge that I have received a copy of Alameda Acupuncture's Notice of Privacy Practices.

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please indicate:

Relationship:

- Parent or guardian of minor patient
- Personal representative of an incompetent patient

Retain for 6 Years

Document #: 700-1000
Version: 2.0

Notice of Privacy Practices - 700-1000

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Alameda Acupuncture's Notice of Privacy Practices

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John Nieters, DAOM, L.Ac.
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Effective Date: April 14th, 2003

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your health information. We make a record of the health care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality health care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate our practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

Overview of Alameda Acupuncture's Notice of Privacy Practices

(This overview is provided in compliance with allowed "Layered Notice". If this page is not followed by additional pages, please contact our Privacy Officer indicated above, or you will find the complete notice posted on our Front Desk for your review)

The law permits us to use or disclose your health information for the following purposes:

1. For Treatment, Payment and Health Care Operations (TPO)
2. For appointment reminders and patient sign-in sheets
3. In the notification and communication with your family
4. Not without your authorization for marketing purposes
5. Where required by law, to public health authorities, or health oversight agencies
6. Where we are sometimes required by judicial and administrative proceedings or to law enforcement
7. Where we may be required, to coroners, in organ or tissue donation and in the case of threats to public safety
8. To specialized government functions and to comply with Workers' Compensation laws
9. If and when the practice has a change in ownership

Except as described in this Notice of Privacy Practices, **the practice Alameda Acupuncture will not use or disclose health information which identifies you without your written authorization.**

Your Rights;

1. The right to request restrictions on certain uses and disclosures.
2. The right to receive confidential communications from Alameda Acupuncture.
3. The right to inspect and copy PHI.
4. The right to amend incorrect or incomplete PHI.
5. The right to receive an accounting of disclosures.
6. The right of an individual to obtain a paper copy of the notice.

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A. How the Practice of Alameda Acupuncture May Use or Disclose Your Health Information

Alameda Acupuncture collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. Treatment

We use your medical information to provide your care. We disclose health care information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with massage therapists or other health care providers who will provide services which we do not provide. We may also disclose medical information to members of your family or others who can help you when you are sick or injured.

2. Payment

We use and disclose your medical information to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations

We may use and disclose medical information about you to operate our practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or healthcare clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their efforts to improve health or reduce health care costs, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

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4. Appointment Reminders.

We may use and disclose health care information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

5. Sign in sheet

We may use and disclose information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

6. Notification and communication with family

We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing

We may contact you to give you information about our own products or services related to your treatment, case management or care coordination, or to provide you with gifts of minimal value. We may also encourage you to purchase a product in a face-to-face meeting with you.

We have no plans to, but where we might enter an arrangement where we disclose protected health information to another entity, in exchange for direct or indirect payment to allow the purchasing organization to make a communication that encourages you to purchase or use a specific product or service; we will not use or disclose your health care information for this type of marketing without your written authorization.

8. Required by law

As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

9. Public Health

We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting

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child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

10. Health oversight activities

We may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

11. Judicial and administrative proceedings

We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

12. Law enforcement

We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

13. Coroners

We may be required by law, to disclose your health information to coroners in connection with their investigations of deaths.

14. Organ or tissue donation

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

15. Public safety.

We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

16. Specialized government functions

We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

17. Worker's compensation

We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

18. Change of Ownership

In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

B. When Alameda Acupuncture May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this practice will not use or disclose health information, which identifies you without your written authorization. If you do authorize this practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Privacy Rights

1. Right to Request Special Privacy Protections

You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

2. Right to Request Confidential Communications

You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy

You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want

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access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California law. We may deny your request under limited circumstances.

4. Right to Amend or Supplement

You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

5. Right to an Accounting of Disclosures

You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 16 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

7. You have a right to a paper copy of this Notice of Privacy Practices

If you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the complete and most current notice posted on our Front Desk. An Overview of the Notice will be hung in the Waiting Area.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You will not be subject to retaliatory action of any type for filing a complaint. Said retaliatory action is strictly forbidden by our privacy policy and the HIPAA regulations.