

CORNERSTONE Integrative Medicine

NOTICE OF PRIVACY PRACTICES

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.

1. WHO WILL FOLLOW THIS NOTICE

This notice describes our privacy practices. We have elected to report our privacy practices as an affiliated covered entity in accordance with HIPAA regulations.

2. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your protected health information is important to us. We understand that your protected health information is personal and we are committed to protecting it. We create a record of the care and services you receive in our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this healthcare practice, whether made by your personal physician or others working for us. This notice will tell you about the ways we may use and share protected health information about you. We also describe your rights and certain duties we have regarding the use and disclosure of protected health information.

3. OUR LEGAL DUTY

Federal and state law requires us to:

1. Keep private health information that identifies you, also known as “protected health information.”
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your protected health information.
3. Abide by the terms of this notice unless it is changed in the future.

As permitted by law, we have the right to:

1. Modify or amend our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we keep, including information previously created or received before the change occurred.

Notice of change to privacy practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available to you upon request.

4. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose protected health information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose protected health information. *We will not use or disclose your protected health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.*

For treatment: We may use protected health information about you to evaluate your health, diagnose medical conditions, and provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share protected health information about you to your other health care providers. We may share protected health information with providers to whom you are referred for treatment. We may transmit protected health information to another provider.

For payment: We may use and disclose your protected health information to bill or to obtain payment from you, your health plan, or a third party. Payment includes submitting protected health information to determine whether you are eligible for coverage under your health plan, whether specific tests or procedures are covered, and the submission of claims or claim inquiries.

For health care operations: We may use and disclose your protected health information to support the day-to-day operations of our office. This might include measuring and improving quality, evaluating the performance of employees, conducting training and educational programs, and getting the accreditation, certificates, licenses, and credentials we need to serve you. It also includes preparation and maintenance of your medical record chart/electronic medical record. We may also use this information to conduct investigations into complaints and to resolve grievances.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your protected health information for treatment, payment, and health care operations we may use and disclose protected health information for the following purposes:

Notification: Protected health information to notify or help notify: a family member, your personal representative, or another person responsible for your care. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medical supplies, x-rays, or protected health information for you.

Disaster relief: Protected health information may be disclosed to a public or private organization or person who can legally assist in disaster relief efforts.

Research: We may use and disclose health information about you for research purposes. Protected health information may be used for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of protected health information. Your information will not leave our facility and the persons preparing to conduct the research will be bound by our privacy rules. We will almost always ask for your specific permission in the form of a consent if the researcher will have access to your name or other information that reveals who you are.

Funeral director, coroner, medical examiner: To help them carry out their duties, we may share the protected health information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized government functions: Subject to certain requirements, we may disclose or use protected health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court orders and judicial, administrative proceedings, and inmates: We may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your protected health information with law enforcement officials. We may share limited information with a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim, or missing person. We may share the protected health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution so that the facility may provide you with health care to protect your health and safety and the safety of others.

Public health activities: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse or neglect. We may also disclose your protected health information to persons subject to jurisdiction of the Food and Drug Administration for the purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs, or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition. We may share your protected health information if it is necessary to prevent a serious threat to your health or the health and safety of others.

Victims of abuse, neglect, or domestic violence: We may disclose protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share protected health information when necessary to help law enforcement officials capture a person who has admitted to being a part of a crime or has escaped from legal custody. If, in our judgment, sharing this information could place you at increased risk of abuse, we may choose not to disclose such information.

Workers compensation: We may use and disclose health information for workers compensation or other similar programs in compliance with the laws relating to these programs.

Health oversight activities: We may disclose protected health information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law enforcement: Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court order, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies. We may also report restrictions on your ability to drive a vehicle, as required by state law.

Legal proceedings: We may use and disclose protected health information to defend the office in any legal or administrative proceedings brought against it by you or any other entity. We may disclose protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process.

Appointment reminders: Your protected health information will be used by our staff to welcome you as our patient and to remind you of upcoming appointments. We may leave messages for you on answering machines or with persons at the telephone numbers you provide us.

Incidental disclosures: It is inevitable that some protected health information may be disclosed to people not involved with your care. We will make reasonable effort to minimize these kinds of disclosure.

Disclosure of your protected health information or its use for other purposes requires your specific written authorization. If after authorizing disclosure of protected health information you change your mind, you may submit a written notice of revocation. However, your decision to revoke authorization will not affect or undo any use or disclosure of protected health information which occurred prior to your decision to revoke your authorization.

5. YOUR INDIVIDUAL RIGHTS

You have the right to inspect and obtain copies of your protected health information. You have the right to look at or get copies of your protected health information. You must make your request in writing. You may get the form to request access by calling our office, or sending a letter of request to our office. If you request access you will be required to pre-pay our fee of \$40.00. This will be used to cover the cost of supervising your review at the rate of \$20.00 per half hour of time, with a minimum charge of \$40.00. We will bill you for excess charges incurred by you. If you request copies we will charge you \$1.00 for each page, and \$5.00 for each fluoroscopic image, plus postage if you want the copies mailed to you. Contact us at the number below for a full explanation of our fee structure. We will review your request and generally approve it unless there are legal or medical reasons to deny this request. If we deny access based upon risk to you or another person, you may appeal our decision. This appeal must be in writing to our office. Another health care provider, other than the person who denied your original request, will review your request and our denial. We will abide by the outcome of this review. In all other cases, our denial is not subject to appeal. When we agree to allow access to your records we will do so within thirty (30) days of receiving your written request. Even when we agree to allow you access, certain records (as allowed by law) will not be made available. This information includes, but is not limited to, information received from other organizations under a promise of confidentiality, information compiled for use in civil, criminal, or administrative action, and information created in the course of research. You may request the required form from our office.

You have the right to request an accounting of disclosures. You may receive a list of all the times we shared your protected health information for purposes other than treatment, payment, and health care operations and other specified exceptions. This list will include the name of the person to whom protected health information was disclosed, a description of the information disclosed and the reason for the disclosures within the past six (6) years, but not prior to April 14, 2003. We will produce an accounting of qualified disclosures within sixty (60) days of your request. This accounting will be without cost one time in any twelve (12) month period. Subsequent requests will be charged at a rate of \$150.00 each and will be completed only after we receive payment of this fee. You may request the required form from our office.

You have the right to request restrictions. You may request, in writing, that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of emergency). You may revoke such authorization by providing us a written request. You may request the required form from our office.

You have the right to request confidential communications. You may request that we communicate with you about your protected health information by different means or to different locations. Your request that we communicate your protected health information to you by different means or at different locations must be made in writing to our office. You may request the required form from our office. We are not required to agree, but if we do we will abide by our agreement. You will be responsible for any additional expense we may incur as a result of your request.

You have the right to request amendment to your protected health information. You may request that we change your protected health information to correct errors. We may deny your request if 1) we did not create the information you want changed, unless the person or entity that created the information is no longer available to make the amendment; 2) it is not part of the health information maintained by our practice; 3) it is not part of the information which you would be permitted to inspect and copy; 4) it is accurate and complete; 5) you do not provide a reason that supports your request.

If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you want changed. If we accept your request to change information, we will make reasonable efforts to tell others, including people you name, of the change and will include the changes in any future sharing of that information. Generally, your written request for an amendment of your protected health information will be reviewed and you will be notified of our decision within sixty (60) days. If we agree that the information is incorrect we can either correct it or append the record with the correct information. We will request that you authorize us to notify the persons or organizations that have been sent any incorrect information. If we disagree with your request to append the record, you can request, in writing, that we include your requested change, along with our denial, as part of your record with any future disclosures of the protected health information. If you disagree with our determination you may submit a statement of less than 200 words explaining your reason for disagreement. In this case all future disclosure of this information will include a copy of your statement. Your request must be submitted in writing to your physician's secretary.

You have the right to request a paper copy of this notice. You may request a paper copy of this notice at any time. You may obtain a copy from our office.

6. QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us in writing. Please ensure that you describe the cause of your concern. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

7. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice for health information we have about you as well as any information we receive in the future. We will have a copy of the revised or changed notice available in our office.

8. ACKNOWLEDGMENT OF RECEIPTS OF THIS NOTICE

We will request that you sign a separate form acknowledging that you have reviewed this notice. If you choose or are not able to sign, a member of our staff will sign their name and date. This acknowledgment will be filed with your records.