



BILL PRANGE

LICENSED ACUPUNCTURIST
DOCTOR OF ORIENTAL MEDICINE

NOTICE OF PRIVACY PRACTICES

I understand the importance of privacy and am committed to maintaining the confidentiality of your medical information. I make a record of the medical care I provided and may receive such records from others. I use these records to provide or enable other health care providers to meet our professional and legal obligations to operate this medical practice properly. I am 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. It also describes your rights and legal obligations to your medical information.

A. HOW THIS MEDICAL PRACTICE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

This medical practice 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 medical practice, but the information in the medical record belongs to you. The law permits me to use or disclose your health information for the following purposes:

1. **TREATMENT:** I use medical information about you to provide your medical care. I disclose medical information to my employees and other who are involved in providing the care you need. For example, I may share your medical information with other physicians or other health care providers who will provide services that I do not provide or a laboratory that performs a test. I may also disclose medical information to members of your family or others who can help you when you are sick or injured.
2. **PAYMENT:** I use and disclose medical information about you to obtain payment for the services we provide. For example, I give your health plan the information it requires before it will pay me. I may also disclose information to other health care providers to assist them in obtaining payment for services they have provided you.
3. **HEALTH CARE OPERATIONS:** I may use and disclose medical information about you to operate this medical practice. For example, I may use and disclose this information to get your health plan to authorize services or referrals. I may share your medical information with our "business associates," such as my billing service, that perform administrative services for me. I have a written contract with associates that contain terms requiring them to protect the confidentiality of your medical information.
4. **NOTIFICATION AND COMMUNICATION WITH FAMILY:** I may disclose your health information to a family member, your personal representative or another person responsible for your care or who helps pay for your care. If you are able and available to agree or object, I 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 I believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, your health professionals will use their best judgment in communication with your family and others.

5. **REQUIRED BY LAW:** As required by law, I will use and disclose your health information, but I will limit my 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, I will further comply with the requirement set forth concerning those activities.
6. **WORKERS' COMPENSATION:** I may disclose your health information as necessary to comply with workers compensation laws. For example, to the extent your care is covered by workers' compensation, I will make periodic reports to the workers' compensation insurer about your condition. I am also required by law to report cases of occupational injury about your condition. I am also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
7. **CHANGES OF OWNERSHIP:** In the event that this medical practice is sold or merged with another organization, your health information/records 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 THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

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

C. YOUR HEALTH INFORMATION RIGHTS

1. **RIGHT TO REQUEST SPECIAL PRIVACY PROTECTION:** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what limitations to disclosures you are requesting.
2. **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that you receive your health information in a specific way or location, such as your work address or phone number. I will comply with all reasonable request submitted in writing that specify how you wish to receive your health information.
3. **RIGHT TO INSPECT AND COPY:** You have the right to inspect and receive a copy (or copies) of your medical information. To access your medical information, submit a written request detailing what you want to see or have copied. A reasonable fee may be charged to copy a chart. I may deny your request under limited circumstances. You will have the right to appeal the decision.
4. **RIGHT TO AMEND OR SUPPLEMENT:** You have the right to request that I amend your health information that you believe is incorrect or incomplete. I am not required to change your health information and will provide you with information about a denial or how you can disagree with a denial. I may deny your request if I do not have the information or if I did not create the information. You also have the right to request that I add to your record a statement of up to 250 words concerning any statement or item you believe to be incorrect or incomplete.
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 practice does not have to account for the disclosures provided to you pursuant to your written authorization or as directed in paragraphs 1–7 above.

YOU HAVE A RIGHT TO A PAPER COPY OF THE NOTICE OF PRIVACY PRACTICES