

NOTICE OF PRIVACY PRACTICES
Dr. Lee Funk Acupuncture & Integrative Medicine
Effective Date: April 15, 2019

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

If you have any questions about this notice, please contact our Privacy Official at our office. Xxx-xxx-xxxx

WHO WILL FOLLOW THIS NOTICE:

The Doctor, all members of his staff and contractors engaged by the practice

This notice describes our privacy practices.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. 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 health care practice, whether made by your personal doctor or others working in this office. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

While we are not required by law to comply with HIPAA regulations, we will do our best to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we will use and disclose information will fall within one of the categories.

For Treatment, We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

For Payment: We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, or a third party. For example, we may need to give your family member information about your treatment so that they may pay us for our service.

For Health Care Operations: We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use health information to review our services and to evaluate the performance of our staff in caring for you.

Appointment Reminders: We may directly contact you electronically or by voice communication to remind you of an appointment.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure however, would only be to someone able to help prevent the threat.

Military and Veterans If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Public Health Risks We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law

Health Oversight Activities We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement We may release health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facility; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors We may release health information to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy a patient has the right to inspect and copy health information that may be used to make decisions about their care. Billing records may be provided through our office where we billed the patient or third party.

To inspect and copy health information that may be used to make decisions about the patient, the patient must submit the request in writing to our office. If patient requests a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with the request.

We may deny patients request to inspect and copy in certain very limited circumstances.

Right to Amend If you feel that health information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. Your request must be made in writing, submitted to our office and must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request, in addition, we may deny your request if you ask us to amend information that:

- was not created by us, is not part of the health information kept by or for our practice;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete,

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to an Accounting of Disclosures You have the right to request a list accounting for any disclosures of your health information we have made. To request this list of disclosures, you must submit your request in writing to our office, the request must state a time period which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not be exceed a total of 60 days from the date you made the request.

Right to Request Restrictions for Health Information about treatment, payment, or health care operations You may request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care You can request this restriction if the protected health information pertains solely to a health care item or service for which we have been paid out of pocket in full.

Right to be notified of a breach affecting you In the event we have a breach that exposes your unsecure health information we have a responsibility to inform you and advise you of the details of the breach as it might affect you. We are required to have in place a procedure to mitigate the consequences if this should happen.

We are not required to agree to your request for other restrictions if: it is not feasible for us to ensure our compliance or we believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment To request a restriction, you must make your request in writing to our office. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Request Confidential Communications You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box.

To request confidential communications, you must make your request in writing to our Privacy Official. We will

not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice To obtain a copy, please request if from our office.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

Complaints

We are not a Covered Entity as defined under HIPAA and are not required to comply with HIPAA regulations. If you believe your privacy rights have been violated, you may file a complaint with us or with the Florida department of legal affairs. To file a complaint with us, contact our office, all complaints must be in writing.

Other Uses of Health Information Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing, at any time. If you revoke your permission we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.