

NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information.

Who We Are

This notice describes the privacy practices followed by Becky Andrews ND, LAc.

Our Commitment Concerning Your Medical Information

We are committed to protecting any medical or health information that can be associated with you, which is called protected health information. This type of information is typically related to medical treatment and various billing transactions. A record of the treatment and services you receive at our facility is created in order to provide you the highest quality of care and to ensure compliance with various legal requirements.

This notice will provide you with the following important information how we may use and disclose your protected health information, your privacy rights in regards to your protected health information, and our obligations concerning the use and disclosure of your protected health information.

This notice also describes your rights and certain legal obligations we have regarding the use and disclosure of your medical information, whether that information was generated at our clinic or sent to us from other medical providers.

How We May Use and Disclose Medical Information About You

In the following sections, we will discuss the various ways we can use and disclosure your medical information. All of the ways we are permitted to use and disclosure your information will fall into one of the categories listed below, though not every use or disclosure will be listed. For each of the categories we list below, we will give a description and provide an example. Certain information, such as drug and alcohol, HIV, and mental health information, requires special authorization related to its use and disclosure.

Our Legal Obligations (Federal and State)

- Making certain that your protected health information is protected.
- Giving you this notice.
- Following the terms of this notice, as is currently in effect.
- Explaining how we can use and disclose your protected health information.
- Ensuring that privacy of information regarding billing/payment for you health care services is maintained.
- Obtaining your written authorization to use or disclose your protected health information for reasons other than those listed below and permitted by law.

Ways We May Use and Disclose Your Protected Health Information

1. For treatment:

We may use and disclose your protected health information to provide you with medical treatment and services, and to coordinate or manage your health care and related services. We may disclose your protected health information to physicians, technicians, nurses, students, or any other party involved in your care, either here or with an external health care provider. For example, an emergency room doctor may need to know if you have an allergy to certain medications. We may also use or disclose your protected health information to other providers, agencies, or facilities in order to provide or coordinate needed medical services, such as laboratory tests, transportation, or diagnostic imaging. We may also disclose your protected health information to individuals involved in your care who are outside our clinic, such as other health care providers, transport companies, or family members, after you leave our facility or our care.

2. For Payment

We may use and disclose your protected health information so that treatment and services you receive from our clinic can be billed to the appropriate party (e.g. you, an insurance company, or a third party) and payment can be obtained. For example, we may need to contact your insurance company to see if your health plan covers a certain laboratory test we would like to order. In order to bill and obtain payment appropriately, we may need to disclose your protected health information to insurance companies, managed care companies, Medicare, Medicaid, or any other third party payer. We may also need to disclose protected health information to consumer reporting agencies, collection agencies, or another health care providers who requests information necessary for them to collect payment.

3. For Health Care Operations

We may use and disclose your protected health information as necessary for our clinic operations. These uses and disclosure are made for a variety of reasons that include, but are not limited to: quality of care, medical staff activities, legal or regulatory concerns, employee evaluation, contractual or governmental obligations, health care contracting, business management or administration activities, insurance activities, or the sale or merging of any part of our clinic. For example, we may internally review information about our patients in order to decide if we need to further modify our facilities for wheelchair access. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

4. For Appointment Reminders

We may use and disclose your protected health information to contact you to provide appointment reminders.

In Limited Situations, We May Use and Disclosure Your Protected Health Information Without Your Consent

1. As Required by Law

If asked to do so by law enforcement, and as authorized or required by federal, state, or local law as well as other judicial or administrative proceedings, we may disclose your protected health information for certain law enforcement purposes, including, but not limited to:

- Identifying or locating a suspect, fugitive, material witness, or missing person;
- Reporting a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- Concerning a death suspected to be the result of criminal conduct;
- Complying with a court order, administrative order, warrant, subpoena (in certain circumstances), or other legal process;
- Reporting certain types of wounds and/or other physical injuries (i.e. gunshot wounds);
- Reports required by law;
- Answering certain requests for information concerning crimes, about the victim of crimes;
- To report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- To health oversight federal and state licensing, auditing, and accrediting agencies.
- To courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.
- Lawsuits or other legal proceedings.

2. To Avert a Serious Threat to Health or Safety

We may use or disclose your protected health information when necessary to prevent or lessen a serious or imminent threat to your health and/or safety or the health and/or safety of another person or the public. We may only make this disclosure to assist an individual or entity in helping stop or reduce the threat.

3. Public Health Disclosures

We may disclose your protected health information for public health purposes. They may include, but are not limited to: reporting births or deaths, preventing or controlling disease such as cancer, reporting abuse or neglect of children or adults, reporting adverse reactions to medications or medical devices, and notifying individuals that have been exposed to a communicable disease. Many of these are legally mandated reporting requirements specified by federal, state, and local laws.

4. Individuals Involved in Your Care or Payment for Your Care

We may disclose protected health information about you to a family member, relative, close personal friend or any other person you identify, including clergy, who is involved in your care. For example, a parent or guardian may ask that a baby sitter take their child to our clinic for treatment of a cold. In this circumstance, the baby sitter may have access to this child's medical information. We may also tell your family or friends about your general condition and that you are in the hospital. These disclosures are limited to information relevant to the person's involvement in your care or in payment for your care.

5. Organ/Tissue Donation Organizations

If you are an organ donor, we may disclose your protected health information to organizations that are involved in organ or tissue procurement or transplantation as necessary to facilitate their lawful responsibilities.

6. Military and Veterans

If you are or were a member of the armed forces, we may use and disclose your protected health information as required by military command authorities as authorized and required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

7. Disaster Relief

We may disclose protected health information about you to an entity assisting in a disaster relief effort so that relevant agencies or individuals, including your family, can be notified about your condition, status, and location or respond to emergency circumstances.

8. Fundraising and Marketing Activities:

We may use limited protected health information such as your name, address and phone number and the dates you received treatment or services, to provide information about our clinic sponsored activities, including fundraising programs and events. We may send you newsletters or informational mailers regarding our services, programs and community events. We also conduct patient surveys to enhance the quality of our care and service. We may also disclose contact information for fundraising purposes to a foundation related to our organization. If you do not want to be contacted this way, you should notify us in writing by contacting the Privacy Contact Office at the telephone number listed on the last page of this Notice.

9. Workers' Compensation

We may use or disclose your protected health information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

10. Coroners, Medical Examiners, Funeral Directors

In most circumstances, we may disclose your protected health information to a coroner, medical examiner, or funeral director. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of our clinic to funeral directors as necessary to carry out their duties. We may disclose protected health information about you to a coroner or medical examiner for the purposes of identifying you should you die.

11. Research

In limited situations, your protected health information may be used for research purposes, subject to the confidentiality provisions of state and federal law, provided that the privacy and safety aspects of the research have been reviewed and approved by an institutional review board or a privacy board. We will obtain your written authorization to use your protected health information for research purposes except when an Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies all of the following conditions: (a) The use or disclosure involves no more than a minimal risk to your privacy based on the following: (i) an adequate plan to protect the identifiers from improper use and disclosure; (ii) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (iii) adequate written assurances that the protected health information will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (b) The research could not practicably be conducted without the waiver; and (c) The research could not practicably be conducted without access to and use of the protected health information.

12. Business Associates

We may disclose your protected health information to our business associates under our agreements with such entities. A business associate is a person or organization that performs a function or activity on behalf of our clinic, but is not part of our workforce. Business associates may include attorney or legal services, transcription services, billing service, or accounting services.

13. News Gathering Activities

Unless you object, a member of your health care team may contact you or one of your family members to discuss whether or not you want to participate in a media or news story.

14. National Security and Intelligence Activities

As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities. For example, Section 215 of the Patriot Act applies to any records kept by a third party, including medical records. Therefore, if federal law enforcement requested your protected health information for reasons related to national security, they would need to be surrendered without necessarily informing you.

15. Protective Services for the President and Others

As authorized or required by law, we may disclose your protected health information to authorized federal officials so they may conduct special investigations or provide protection to the president, other authorized people or foreign heads of state.

16. Inmates/Law Enforcement Custody:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution as authorized or required by law for the following purposes: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Your authorization is required for all other uses and disclosures of your protected health information. Except for those circumstances listed above, we will use and disclose your protected health information only with your written authorization. You may revoke your authorization, in writing, at any time. If you revoke an

authorization, we will no longer use or disclose your protected health information for the purposes covered by that authorization, except where we have already relied on the authorization.

INCIDENTAL DISCLOSURES

In the process of using or disclosing your protected health information for an authorized use, we may make incidental disclosures. Incidental disclosures are incidental by-products of otherwise permissible disclosures related to treatment, payment, and health care operations. Examples of this include sign-in sheets at the front desk, calling out for patients in the waiting room, and displaying the name of a patient next to the door of their hospital room. These practices are permissible, but only to the extent that reasonable and appropriate safeguards have been implemented to protect the privacy of protected health information and limit the disclosure to the minimum amount necessary. We will take reasonable steps to limit incidental disclosures.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

The medical information generated about you within our clinic in the course of providing medical services for you is the property of our clinic. However, you have the following rights regarding your personal health information we maintain about you:

1. The Right to Access Your Protected Health Information

With certain exceptions, and upon written request, you have the right to inspect and obtain a copy of your protected health information. Your protected health information is contained in our medical and billing records or any other record used by us to make decisions about your care.

To inspect and/or to receive a copy of your medical information, you must submit your request in writing to Becky Andrews ND, LAc, at Si Shou Acup Wellness, 5424 Hwy 290 W, Ste 106, Austin, TX 78735. If you request a copy of the information, there is a fee for these services. We will respond to your request within 30 days, by either supplying the records or sending a written notification of denial. We may deny your request to inspect or receive copies of your protected health information in the following limited circumstances:

- The Privacy Act (5 U.S.C. §552a) prohibits access;
- The information was compiled exclusively in connection with a criminal, civil or administrative proceeding;
- If you are a parent or legal guardian of a minor who is an our clinic patient, certain portions of the minor's medical record may be inaccessible to you (for example, records relating to abortion, contraception and/or family planning services) unless the patient authorizes our clinic to give you access to this information
- The disclosure is prohibited by law;
- You are a correctional institution inmate and the correctional administrators have provided reasons for denying access;
- The information is for a research study not yet complete;
- The information was obtained by a person other than a health care provider upon our promise to keep the information confidential, and access would reveal the informant's identity;
- We determine access is likely to endanger the life or safety of the patient or others;
- The information contains information about another person and we determine that access is likely to cause substantial harm to that person;
- The request for access is made by the patient's personal representative and we believe access is likely to cause substantial harm to the patient or others.

If you are denied access to your protected health information, in most cases, you will have the right to request a review of this denial. Another licensed health care professional chosen by our clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. The Right to Request an Amendment or Addendum

If you feel that medical information, billing records, or other protected health information maintained by us is incorrect or incomplete, you may ask us to amend the information or add an addendum for as long as the information is kept by us. Your request must be made in writing and must explain the reasons for the requested amendment.

To request an **amendment**, your request must be made in writing and submitted to Becky Andrews ND, LAc, at Si Shou Acup Wellness, 5424 Hwy 290 W, Ste 106, Austin, TX 78735.

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 for amendment if the information: (a) in our opinion, is accurate and complete; (b) not part of the protected health information kept by or for the practice; (c) not part of the protected health information which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

We will respond to your request within 60 days of receiving the request. If we agree to the amendment, we will notify you and amend the relevant portions of your medical record.

If we deny your request for amendment, we will give you a written explanation as to why, including the reasons for the denial, and express to you that you have the right to submit a written statement disagreeing with the denial. This statement of disagreement will be attached to your medical record. If you should submit a statement of disagreement, we have the right to insert a rebuttal statement into the medical record, a copy of which will be provided to you. If you do not wish to submit a statement of disagreement, you may request that a copy of the amendment request and a copy of our denial be included with all future disclosures.

Should we deny your request for an amendment, you have the right to pursue a complaint process by contacting our Privacy Contact Office, or you may contact the Secretary of Health and Human Services to lodge your complaint. Information about the complaint process is provided below.

To submit an **addendum**, it must be made in writing and submitted to Becky Andrews ND, LAc, at Si Shou Acup Wellness, 5424 Hwy 290 W, Ste 106, Austin, TX 78735. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record. Refer to the above section on Amendments concerning grounds for denying an addendum.

3. The Right to Request Restrictions

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. You will be given an opportunity to restrict access to your account when you first sign the privacy notice upon becoming a patient. For example, you could ask that we not disclose information on the medications you are currently taking.

To request a restriction, you must make your request in writing to Becky Andrews ND, LAc, at Si Shou Acup Wellness, 5424 Hwy 290 W, Ste 106, Austin, TX 78735. In your request, you must tell us:

- (1) what information you want to limit;
- (2) whether you want to limit our use, disclosure or both; and
- (3) to whom you want the limits to apply.

We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

4. The Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only on your cell phone or only by mail.

To request confidential communications, you must make your request in writing to Becky Andrews ND, LAc, at Si Shou Acup Wellness, 5424 Hwy 290 W, Ste 106, Austin, TX 78735. We will accommodate all reasonable requests, but if you are unable to provide us with appropriate methods of contacting you, we may be unable to comply. Your request must specify how or where you wish to be contacted.

5. The Right to An Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your protected health information made after April 14, 2003. An accounting is a listing of disclosures made by us or by others on our behalf, but does **not** include: (a) disclosures made for treatment, payment and health care operations; (b) disclosures made directly to you, that you authorized, or those which are made to individuals involved in your care; (c) disclosure made to correctional institutions or law enforcement official about an inmate in custody; (d) disclosure made for national security or intelligence purposes; (e) disclosure of a limited data set; (f) an incidental disclosure.

To request this accounting of disclosures, you must submit your request in writing to Becky Andrews ND, LAc, at Si Shou Acup Wellness, 5424 Hwy 290 W, Ste 106, Austin, TX 78735. We will respond to you within sixty (60) days after receipt of your request. Your request must state a time period that may not be longer than the six (6) previous years and may not include dates before April 14, 2003. You are entitled to one accounting within any twelve (12) month period at no cost. If you request a second accounting within that twelve (12) month period, there will be a charge for the cost of compiling the accounting. 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.

6. The Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time by contacting our office in writing or by phone.

7. Right to Provide an Authorization for Other Uses and Disclosures

Our clinic will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. We are, however, required to retain records of your care.

SPECIAL RULES: DISCLOSURE OF MENTAL HEALTH CONDITIONS, SUBSTANCE ABUSE, AND HIV-RELATED INFORMATION.

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes protected health information: 1) maintained in psychotherapy notes; 2) documenting mental health and developmental disabilities services; 3) about drug and alcohol abuse, prevention, treatment and referral; 4) relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and 5) genetic testing. For example, we generally may not disclose this highly confidential information in response to a subpoena, warrant or other legal process unless you sign a special authorization or if a court orders the disclosure.

1. Mental Health Information

If needed for your diagnosis or treatment in a mental health program, mental health information may be disclosed as needed between your health care providers, and very limited information may be disclosed for payment purposes. Otherwise, except as specifically permitted by state or federal law, mental health information may **not** be disclosed without your authorization.

2. HIV-related Information

HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written authorization.

3. Substance Abuse Treatment

If you are treated in a substance abuse program, information which could identify you as alcohol or drug-dependant will not be disclosed without your specific authorization except for purposes of treatment or payment or when specifically required or allowed under state or federal law.

4. Psychotherapy Notes

A special authorization is required for the disclosure of psychotherapy notes, and special rules may apply which limit the information which is disclosed.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint

1. To file a written complaint with our clinic, please contact us in writing at: Becky Andrews ND, LAc, at Si Shou Acup Wellness, 5424 Hwy 290 W, Ste 106, Austin, TX 78735.

2. To file a complaint with the federal government, you may contact: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201.

EFFECTIVE DATE AND CHANGES TO THIS NOTICE

1. Effective date. This notice is effective on 08 July 2017.

2. Right to Change Terms of this Notice. We reserve the right to change our clinic's privacy practices and this notice at any time in the future, and make the new provisions effective for all protected health information we maintain, regardless of when it was created or received. If the notice is amended, we will post the revised notice, with the new effective date, on our website. At any time you may request a copy of the current notice in effect.

If you have any questions about our privacy practices, please contact Becky Andrews ND, LAc.