

# Mountain Sports Acupuncture

333 South State Street, Suite W  
Lake Oswego, OR 97034

## **The Health Insurance Portability and Accountability Act (HIPAA)—Revised 1/11/06 NOTICE OF MOUNTAIN SPORTS ACUPUNCTURE PRIVACY PRACTICES**

This notice describes how your medical information may be used and disclosed and how you may gain access to this information.

Mountain Sports Acupuncture will ask you to sign an acknowledgement that you received this notice of privacy practices. In accordance with the HIPAA Privacy Regulation, this notice describes how Mountain Sports Acupuncture may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights and the requirements of Mountain Sports Acupuncture to protect your health.

### **Treatment, payment and health care operations:**

**For purposes of treatment:** We will use your health care information to treat you. For example, we will use your information to help diagnose and design a course of treatment. Your treatment may include acupuncture, herbs, tuina (Chinese massage), and *herbs/supplements*. We may also, for the purpose of treatment, and with your consent, disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

**For payment services:** We will use your health care information to receive payment for services and products. We will bill you and/or a third party payer for the cost of treatment and herbs provided to you. The information on or accompanying the bill may include your identification, as well as the herbs/supplement you are taking.

**For health care operations:** We may use and disclose your protected health information for all activities that are included within the definition of “health care operations” as defined in the federal Privacy Regulations. For example, we may use information in your health record to monitor the quality of our services.

### **Other uses and disclosure of protected health information permitted or required by regulations:**

The following is a description of other possible ways we may use and/or disclose your protected health care information:

**Family & Friends:** We may disclose your protected health care information to friends and family in case of an emergency to the extent necessary to help with your health care or with payment of your health care. Using our judgement as health care professionals, our staff may disclose protected information with a family member, other relative, close friend, or any person you identify as being involved in your health care.

**Reminder calls:** We may contact you to provide reminders of herbal refills or appointments or other health related services that might be of interest to you.

**Other covered entities:** We may disclose protected healthcare information to another covered entity to conduct health care operations in the area of quality assurance activities, accreditation, or certification licensing.

**Disclosure to the US Department of Health and Human Services:** We are required to disclose your protected health care information when the US Department of Health and Human Services (DHHS) is investigating or determining our compliance with federal Privacy Regulations.

**Abuse or Neglect:** We may disclose your protected health care information to the appropriate authorities if we believe that you may be a possible victim of abuse, domestic violence, or other crimes.

**Serious threat to health or safety:** We may disclose your protected health care information if we believe that the disclosure is necessary to prevent a serious threat to your health or the safety of the public or another person.

**Public health and safety:** We may disclose your protected health care information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we may inform the Food and Drug Administration (FDA) of adverse effects regarding drugs, foods or supplements that you are taking.

**Law Enforcement:** We may disclose your protected health care records to law enforcement agencies in response to a court order, subpoena, administrative order, or other lawful process issued by another person involved in a dispute involving a patient. This will only happen after efforts have been made to tell the patient about the request and/or obtain an order protecting the requested health care information from being released.

**Other required or permitted disclosures:** We may disclose your protected health care information to the following entities, whenever required to do so by law:

- To a correctional institution or its agents, if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others;
- To notify, or assist in notifying, a family member, personal representative, or another person responsible for the patient's care, or the patient's location, or general condition;
- To the military authorities under certain circumstances when the patient is a member of the Armed Forces;
- To authorized federal officials for intelligence, counterintelligence, and other national security activities.

**Authorized use and disclosure:**

We will obtain your written authorization before using or disclosing your protected health care information for purposes other than those listed above or otherwise permitted/ required by law. You may revoke an authorization in writing at any time. Upon receipt of this revocation we will stop using or disclosing your protected health care information except to the extent that we have already taken action in reliance on the authorization.

**Patient rights:**

**Request for restriction:** You have the right to request that we restrict how your protected health care information is used or disclosed in carrying out your treatment, payment, or health care operations. Such request must be made in writing to Mountain Sports Acupuncture (See address below). In your request please tell us: (1) the information of which you want to limit our use and disclosure and (2) how you want to limit our use and/or disclosure of the information. We are not required to agree to the requested restrictions, but if we do, we will abide by our agreement except in an emergency.

**Access to protected health care information:** You have the right to look at or obtain a copy of your protected health care information. You must make a request in writing to Mountain Sports Acupuncture to obtain your protected health care information. If you request copies, we may charge you a reasonable fee for copies and postage (if you want them mailed). We may deny your request to inspect and copy your protected health care information in certain limited circumstances. If you are denied access to your protected health care information you may request that the denial be reviewed.

**Accounting of disclosure:** You have the right to receive an accounting of the disclosures we have made of your protected health care information. We will provide the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health

care information, a description of the protected health care information, the reason for the disclosure, and certain other information.

**Amendments to health care information:** You may request that we amend your protected health care information if you feel that it is incomplete or incorrect. Your request must be made in writing, and it must explain why the information should be amended. If we did not create the information that you want amended or under other certain circumstances, we may deny your request. If we deny your request, we will provide you with a written explanation. If denied, you have the right to file a statement of disagreement with the decision.

**For more information or to report a problem:**

For more information or questions you may contact Mountain Sports Acupuncture's Privacy officer at 503-758-7108 or by writing to the address below. You may also file a written complaint at this address. If you believe your privacy rights have been violated, you may file a complaint with Mountain Sports Acupuncture or with the Department of Health and Human Services. We support your right to protect the privacy of your protected health care information and financial information. We will not retaliate in any way if you choose to file with us or the Department of Health and Human Services.

**Mountain Sports Acupuncture Compliance and Privacy Officer:**

Privacy officer:	Ryan J Milley
Telephone:	503-758-7108
Address:	333 South State St. Suite W Lake Oswego, OR 97034