

Annie Sturman, A.P.
Diplomate Acupuncture NCCAOM
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HIPAA PROTECTING PATIENT'S PRIVACY

PRIVACY NOTICE

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.

This acupuncture service used health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of the care that you receive. Your health information is contained in a clinical record that is the physical property of Annie Sturman, Licensed Acupuncture Physician.

Your Health Information Rights

Although your health record is the physical property of the healthcare service that compiled it, you have the right to:

- Request a restriction on certain uses and disclosures of your information. (This acupuncture service is not required to agree to a requested restriction).
- Inspect and obtain a copy of your health record. (The request may be denied in certain very limited circumstances, such as psychotherapy notes).
- Request an amendment of your health record.
- Obtain an accounting of disclosures of your health information.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Receive confidential communication of your health information.
- Receive a paper copy of this acupuncture service's Privacy Notice.

To make one or more of the above requests, you must make your request in writing to:

Annie Sturman, A.P., 3870 Sheridan Street, Suite C, Hollywood, Florida 33021

If you request a copy of your medical record, we may charge a fee for the costs of copying, mailing or other supplies associated with your requests.

Responsibilities

Effective April 14, 2003, this organization is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail or deliver a revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice.

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Examples of Disclosures for Treatment, Payment and Health Options

We Will Use Your Health Information For Treatment. For example: Information obtained by This service and any other healthcare services associated with your case will be recorded in your record and used to determine the course of treatment that should work best for you. Members of your healthcare service will record the actions they took and their observations. In that way, all members of your healthcare team will know how you are responding to treatment.

We will also provide your physician and other healthcare providers involved with your care copies of various reports that should assist in treating you while you are receiving homecare services. These reports may be communicated to your other healthcare providers by phone, fax, mail or protected e-mail.

To help ensure that your visits occur as scheduled, limited information such as your name may be maintained on a scheduling book away from the public's view in our home health office.

We Will Use Your Health Information For Payment. For example: A bill may be sent to you of a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, services provided and supplies used.

We Will Use Your Health Information For Health Care Operations. For example: members of this service and any other healthcare services associated with your case may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Your information may also be used as a tool in educating health professionals.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include outside medical or financial review organizations. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information.

Communication With Family/Care Representative: We may contact a family member, personal representative, or another person responsible for your care, to obtain information about your care, location or general condition. Health professionals, using their best judgment, may disclose to a family member/care representative that you identify, health information relevant to that person's involvement in your care.

Appointment Reminders: We may contact you to remind you of a scheduled home care visit or to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Emergency Medical Providers: In an emergency situation, we may disclose health information to emergency medical providers to assist them to carry out their duties.

Funeral Directors: We may disclose health information to funeral directors, coroners, or medical examiners consistent with applicable law to assist them to carry out their duties. We may alert law enforcement officials about a death in unknown circumstances.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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As Required by Law and for Healthcare Oversight. We will disclose medical information about you when required to do so by federal, state or local law or in response to a valid subpoena. We may disclose medical information to a health oversight agency for activities authorize by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Worker's Compensation. We may disclose medical information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law that provides benefits for work-related injuries or illness without regard to fault.

Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Victims of Abuse, Neglect or Domestic Violence. We may disclose information about suspected abuse, neglect or domestic violence if required by law, statute or regulation, or if it is determined that reporting is necessary to prevent serious harm to the potential victim(s).

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposed.

Government Functions. Specialized government functions, such as protection of public officials, for national security activities authorized by the National Security Act, or for reporting to various branches of the armed services, that may require use or disclosure of your health information.

State Law. As applicable, we will not use or disclose information regarding drug or alcohol abuse, HIV infection, or psychotherapy counseling notes without your written consent, authorization or as required by State Law.

For More Information or To Report a Problem

If you have questions and would like additional information, you may contact Annie Sturman, A.P. at 954-326-0603.

I have read and understand this PRIVACY NOTICE.

Patient's Name Printed	Office Representative's Name Printed
Patient's Signature Date	Office Representative's Signature Date