

APRIL BUI HOLISTIC ACUPUNCTURE

9039 Katy Freeway, Suite 504, Houston, Texas 77024 . 713-922-3474 . abha.inquiry@gmail.com
www.abui-acupunctureclinic.com

NOTICE OF PRIVACY PRACTICES

(PATIENT'S COPY)

This notice describes how April Bui Holistic Acupuncture including its clinic staff members, employees, and volunteers, may use and disclose your protected health information, how you can get access to this data, and in what circumstances your health information may be disclosed with or without your consent.

I. OUR RESPONSIBILITIES

1. It is our responsibility and priority to protect the privacy and safety of all patients that undergo treatment at April Bui Holistic Acupuncture. We as your health care provider have the legal duty to keep private all information about you and your health record, to provide you a copy of this Notice of Privacy Practices, to make this notice available on our website www.abui-acupunctureclinic.com.
2. To keep you up-to-date, any revisions that we make to this Notice of Privacy Practices will be provided to you at your next appointment, will be available in paper copies for pick up at our clinic, and will be posted on our website www.abui-acupunctureclinic.com.

II. HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

1. Treatment purpose: to administer to you medical treatment or other types of health services.
2. Payment purpose: to bill you or a third party for payment for services provided to you.
3. Health care operations: for our own operations including activities such as discussions between our clinic staff members and other health care providers, evaluate and improve the quality of treatment and services that we provide to you, compliance monitoring and audit, conducting medical reviews or studies, for training future health care staff, managing business functions.

III. DISCLOSURES OF YOUR HEALTH INFORMATION WHERE WE DO NOT NEED YOUR CONSENT

The law requires that some or all information about you and your health record may be disclosed without your permission in the following circumstances.

- In an emergency.
- When communication or language is very limited.
- When required by federal, state, or local law.
- To appropriate government authorities in cases of abuse, neglect, or domestic violence regarding children, the elderly, and adults that are physically or mentally disabled and defenseless.
- Public health risks (for public health activities to prevent and control the spread of disease).
- In response to a court order, including the order of an administrative tribunal for lawsuits or disputes.
- Law enforcement (to help law enforcement officials respond to criminal activities).
- To coroners, medical examiners, and funeral director.
- To organ or tissue donation facilities (if you are an organ donor).
- To avert a threat to protect the safety of an individual or the public.

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IV. DISCLOSURES WHERE YOUR CONSENT IS REQUIRED

- Patient directories: You can decide what health data, if any, you want to be listed in patient directories.
- Person in your care or payment for your care: We may share your health information with a family member, a close friend, or person that you have named as being involved with your health care.
- Other uses of health data: Any other uses of your information that do not fall under sections II and III of this notice require your written consent.
- All disclosures that require your consent must be signed by you or your authorized representative on a separate form known as Authorization for Release of Protected Health Information. No record or information about you will be released until we have your signed consent on file.

You may obtain the Authorization for Release of Protected Health Information form by contacting us.

V. YOUR PRIVACY RIGHTS

You have the following rights regarding your health information that we keep and how you may use these rights.

1. Right to inspect your health record and to receive a copy of your health record upon written request by you or your authorized representative. However, you may not have access to your information that involves a civil, criminal, or administrative action or court case, certain health information that is protected by law, and psychotherapy notes.

Copies of your record will be provided within 30 days of the date of your written request.

2. Right to revoke your request for disclosure before we mail out or deliver your health records. Information that was released prior to receiving your cancellation request is out of our control and cannot be recalled. Your request must be submitted to us in writing.
3. Right to amend information in your health record which you believe is inaccurate or incomplete. Request for changes to your record must be submitted to us in writing by you or your authorized representative. Amendments will be made within 60 days of the date of your written request.
4. Right to know to whom we have disclosed your health information. You may request in writing to receive a list of who we disclosed your information to for purposes other than treatment, payment, and health care operations as described in section II of this Privacy Notice. You must specify the time period for the list. You are entitled to receive the report at no charge once a year.

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5. Right to ask for limits on the health information that we disclose about you. In normal circumstance, we will honor your request to restrict or withhold certain information that you do not want to be disclosed. However, we are not required to agree to your restriction request if the information involves a civil, criminal, or administrative action or court case, if we are required by law to disclose the information, or for other reasons that do not allow us to withhold the information. You will be informed if we deny your restriction request. Your request must be submitted to us in writing.
6. Right to receive communication from us about your health information in alternate ways. We will accommodate your request for alternative means of communication and delivery provided the request is reasonable. Your request must be submitted to us in writing.
7. Right to a paper copy of this Notice of Privacy Practices.

VI. FEES FOR FURNISHING YOUR RECORDS

If you request paper copies of your health records, a service fee will be charged for the costs of printing, administrative, shipping and handling, and any special requests or requirements.

- \$6 for the first 12 pages or less, \$0.50 each additional page
- Charges for shipping, handling, and any special requests will be additional.

VII. QUESTIONS OR COMPLAINT

1. If you have any questions regarding your privacy rights, you may communicate your concerns with us in the following ways:

Phone: 713-922-3474, Email: abha.inquiry@gmail.com

By mail or in person to:
April Bui Holistic Acupuncture
9039 Katy Freeway, Suite 504, Houston, TX 77024

2. If you believe that your privacy rights have been violated, you may address your complaint to the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169, Dallas, TX 75202

Voice Phone (800) 368-1019, FAX (214) 767-0432, TDD (800) 537-7697