

5 Star Oriental Medicine

Notice of Privacy Policies

Effective July 1, 2009.

Our office is dedicated to protecting your privacy and healthcare information and providing services with respect to human dignity. This notice will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways:

- Information we receive from you.
- Information we receive from other healthcare providers.
- Information we receive from third party payers.

This information is used for treatment, payment and healthcare operation. You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for treatment, payment, and healthcare operations. We will only use and/or disclose your protected health information when the law allows us to do so. Any other use and disclosures will be made only with your authorization. You have the right to revoke that authorization and that authorization will be honored, where legal to do so, from that date of revocation, forward.

You may specifically authorize us to use protected health information for any purpose or to disclose that health information by submitting the authorization in writing, naming the authorized party or person(s). The information will only be divulged to so named party or person(s).

We reserve the right to share your file information within the confines and employees of the office of 5 Star Oriental Medicine. We reserve the right to keep statistics from your file, as allowable by law, for research purposes. These statistics only include age, sex, case history, diagnosis, and treatment.

Marketing

This office will not use your health information for marketing communication without your written authorization. This office may send birthday cards, holiday cards, thank you cards, newsletters and appointment reminders, by phone, postcards, letters or email.

Disclosure

This office may use or disclose your protected health information when required by law. This includes but is not limited to public health needs, health oversight requirements and issues of abuse, neglect, or legal proceedings.

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Patient Rights

- Upon written request you have the right to access, review or receive copies of your healthcare records. Exceptions are: 1) information we gather in preparation of and administrative action or proceeding, 2) data that is subject to certain provisions of the /clinical Laboratory Improvements Act. We may deny your request under certain limited circumstances. If we provide you with a copy of your records, we will do so within 30 days after receipt of the written request. We have the right to charge you a reasonable, fee-based charge for the records.

- Upon written request you have the right to receive a list of items this office disclosed about your healthcare information. We are required to give you that data except for any use or disclosure: 1)for treatment, payment, and/or healthcare operations, 2)made with your authorization, 3)that we make to you, 4)for any national security or intelligence purposes, 5)made before July 1, 2009, or 6)that does not require your authorization. We will provide this data for you at no charge, once each year, but after that we will require that you pay a reasonable fee-based charge for the information

- You have the right to request that this office place additional restrictions on disclosure of you protected health information. You may ask that we limit the use and disclosure of your protected health information; we are not required to accept your request. If we do agree, we will do as you wish except in an emergency. You may submit your request to us in writing and tell us what information you want us to limit, how you want us to limit that data, and to whom we are to limit the access to this data.

- You have the right to request that we amend your protected health information; the request must be in writing. We have the right to deny that request if you ask about medical information that 1)was not created by any of our practitioners, 2)the information is not part of the medical or billing records, 3)is not part of the records you may access, or 4)the medical information is accurate and complete. We may ask that you tell us, in writing, why you want us to amend your medical information. Generally, we must act upon your request within 30 days after receipt of your request. If we agree to your request, we must make the appropriate amendment and follow the law regarding how and whom we inform about this amendment. If we do not agree, then we will tell you our reasons. You then have additional rights, including an appeal (by someone who did not participate in the decision not to allow you to amend your record) and you have the right to submit a written statement of disagreement.

-You have the right to receive all notices in writing.

-You have the right to receive all confidential communication by alternative means or at alternative locations. Please make this request in writing to our Privacy Officer. We will agree, so long as your request is reasonable, but you must tell us how to communicate with you and you must give us a complete address or contact information.

If you have questions, complaints or want more information, please contact:

Audrey Stewart, Privacy Officer
28 Church Street
Mathews, VA 23109
(804) 725-9001

You may also send a written complaint to the U.S. Department of Health and Human Services.

This notice is effective as of July 1, 2009. We may revise our notice; if we do so, we will post the most current version in our office. You may ask for a copy of this Notice at any time.