

NOTICE OF PRIVACY PRACTICES

Effective date of this notice: April 14th, 2003

Fractal Dragon Acupuncture and Oriental Medicine LLC

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

Please review it carefully. The privacy of your health information is important to us.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of our location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

We will not use your health information for marketing communications without your written authorization.

We may use or disclose your health information when we are required to do so by law.

We may disclose to military authorities the health information or Armed Forces personnel under certain circumstances. We may disclose to authorized federal official health information required

for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correction institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

You have the right to look at or get copies of your health information, with limited exceptions.

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14th, 2003. If you request accounting more than once in a 12-month period, we may charge you a reasonable, cost based fee for responding to these additional requests.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you believe that a person, agency, or organization covered under the HIPAA Privacy Rule violated your health information privacy right or committed another violation of the privacy rule, you may file a complaint with the Office for Civil Rights (OCR).

Anyone can file a complaint with OCR by mail, fax, or email. You should send your complaint to the Colorado OCR Regional Office. All complaints must be in writing, must describe the situation giving rise to the complaint and must be filed within 180 days of the event giving rise to the complaint. You will not be subject to any retaliation for filing a complaint.

Office for Civil Rights
U.S. Department of Health & Human Services
1961 Stout Street – Room 1426
Denver, CO 80294
303-844-2024
303-844-2025 – fax

The Department Regulatory Agencies (DORA) regulates the practice of Acupuncture. Any complaints should be directed to the Director of Division of Regulations in DORA.

DORA
1560 Broadway, Suite 1340
Denver, Co 80202-5140
303-894-7851