



**HOLISTIC HEALTH  
ASSOCIATES**

603-B W Patrick Street, Frederick, MD 21701 Phone: 301-620-1414

## **NOTICE OF PRIVACY PRACTICES**

**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.**

### **WHO WILL FOLLOW THIS NOTICE**

We care about our patient's privacy and strive to protect the confidentiality of your medical information at this practice. Current federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information and we respect our legal obligation to keep health information that identifies you private. This practice (all medical professionals, all employees, staff and other personnel, subsidiaries and business associates (e.g. software program company)) are required to abide by the terms of the Notice Of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. We reserve the right to change this notice at any time as allowed by law. If we change the Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post information about the change in our office, have copies available in our office, and post it on our Website. This Notice describes how we protect your health information and what rights you have regarding it.

### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are (if applicable): allergies you may have to certain materials, herbs or supplements, setting up an appointment for you, calling to remind you of an appointment, prescribing herbal supplements, developing treatment plans, or referring you to another doctor, practitioner or clinic for services. Examples of how we use or disclose your health information for payment purposes are: so that the treatment and services you receive from us may be billed and payment may be collected from you; an insurance company or a third party or inquiring about your health care plan(s). "Health care operations" mean those administrative and managerial functions that we must do to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

**APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES AND HEALTH RELATED BENEFITS AND SERVICES.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also leave voicemail messages, emails or text messages unless indicated otherwise.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family member or close friend. Proper authorization for release of information to persons other than the patient or getting copies of your health information from another professional that you may have seen before us will be given by written consent from the patient.

**RESEARCH.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. In this situation, your name will not be used without permission, only the results of the treatment.

### **OTHER USES OR DISCLOSURES THAT CAN BE MADE WITHOUT CONSENT OR AUTHORIZATION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid if applicable; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;

- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health-related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker’s compensation programs;
- disclosures of a “limited data set” for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to business associates (Ex: software company) who perform health care operations for us and who commit to respect the privacy of your health information

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You are welcome to request, in writing; a restriction; amendment or adjustment to the use or disclosure of your information. All written requests should be sent to the Privacy Officer and address listed at the beginning of this Notice. You have the right to:

- ask us to restrict our uses and disclosures for purposes of treatment, payment or health care operations.
- ask us to communicate with you in a confidential way, such as phoning at work rather than home, by mailing health information to a different address, or via email to your personal email address.
- ask to see or obtain photocopies of your health information. You will be able to review your information within 5 business days of your written request, once received and/or receive a copy of your health information within 15 business days of your written request, once received.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from the date the written request was received.
- get a list of all disclosures that we have made within the last six years (or any shorter period).
- get additional paper copies of this Notice of Privacy Practices upon request.

**COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, please send a written complaint to the Privacy Officer at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

**NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT**

I, \_\_\_\_\_, have been presented with the Notice of Privacy Practices explaining my rights  
(First and Last Name)

regarding my individually identifiable protected health information (PHI). I consent to the use and disclosure of my PHI for purposes of treatment, payment or other health care operations. Other uses of my PHI will require an authorization from me for the specific intention of disclosure.

Thank you for your continued confidence in our practice and for supporting our requirements.

\_\_\_\_\_  
**Signature of Patient or Personal Representative**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Patient or Personal Representative**

\_\_\_\_\_  
**Relationship to Patient**