

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 this notice carefully.

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. "Protected health information" (or PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Your Rights Regarding Your PHI

You have the following rights regarding PHI maintained about you:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in certain limited circumstances, to inspect and copy PHI that may be used to make decisions about your care. I may charge a reasonable, cost-based fee for copies.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request a copy of the required accounting of disclosures that I make of your PHI.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use of your PHI for treatment, payment or health care operations. I am not required to agree to your request.

Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain way or at a certain location. I will accommodate reasonable written requests and will not ask why you are making the request.

Right to a Copy of this Notice. You have the right to a paper copy of this notice.

Right of Complaint. You have the right to file a complaint in writing with me, or with the Secretary of Health and Human Services if you believe I have violated your privacy rights. I will not retaliate against you for filing a complaint.

My Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

Treatment. Your PHI may be used and disclosed by me for the purpose of providing, coordinating, or managing your health care treatment and any related services. This may include coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care services.

Payment. I will not use your PHI to obtain payment for your health care services without your written authorization. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, and processing claims with your insurance company.

Healthcare Operations. I may use or disclose, as needed, your PHI in order to support the business activities of my professional practice. Such disclosures could be to others for health care education, or for the purposes of accreditation, certification, licensing or credential activities. For these disclosures, I will

have a written contract requiring that the recipient(s) safeguard the privacy of your PHI. I may also contact you to remind you of your appointments, inform you of treatment alternatives, and/or health-related products or services that may be of interest to you.

Other Uses and Disclosures That Do Not Require Your Authorization or Opportunity to Object

Required by Law. I may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. Examples are public health reports and law enforcement reports. I also must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule. I will disclose your PHI if a court of competent jurisdiction issues an appropriate order.

Health Oversight. I may disclose PHI to a health oversight agency for activities authorized by law, such as professional licensure. Oversight agencies also include government agencies.

Abuse or Neglect. I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect such as child abuse and domestic violence. However, the information I disclose is limited to only that information which is necessary to make the initial mandated report.

Threat to Health or Safety. As required by law, I may disclose PHI when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. This includes reporting disease or infection exposure in order to prevent or controlling disease. I am required to report any alarming medication adverse events to the FDA.

Criminal Activity on My Business Premises/ Against Me. I may disclose your PHI to law enforcement officials if you have committed a crime on my premises or against me.

Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. For example, you may give me written authorization to use your PHI or to disclose it to anyone for any purpose. If you give me an authorization, you may revoke it in writing at any time. I may disclose your PHI to a family member, friend or person responsible for your health to the extent necessary to help with your health care or with payment for your health care, but only if you agree that I may do so.

This Notice

This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) in accordance with all applicable law. It also describes your rights regarding how you may gain access to and control your PHI. I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will make available a revised Notice of Privacy by sending a copy to you in the mail upon request or providing one to you at your next appointment.

Contact Information

Mead Acupuncture Therapy is its own Privacy Officer. Thus, if you have any questions about this Notice of Privacy Practices, please contact my clinic. The contact information for Mead Acupuncture Therapy is the following:

Mead Acupuncture Therapy
10441 Jacock Road
Saint Francisville, LA 70775
662.418.0408
meadacupuncturetherapy@yahoo.com

Complaints

If you believe I have violated your privacy rights, you may file a complaint in writing with me, as my own Privacy Officer. Simply request the complaint form from me. I shall not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Secretary of Health and Human Services at 200 Independence Avenue, SW., Washington, D.C. 20201. 202.619.0257.

The effective date of this Notice is August 5, 2023.