

Linnie O'Flanagan, L.Ac.

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.

We are required by law to: maintain the privacy of your protected health information; provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information; and abide by the terms of the Notice that are currently in effect. This Notice takes effect April 14, 2003.

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 the changes in our privacy practices and the new terms of our Notice effective for all personal health information we maintain, including health information we created or received before we made the changes, as well as information received or created in the future. Before we make significant changes to our privacy practices, we will change this Notice and make the new Notice available upon request.

USE AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION

For Treatment. We may use or disclose your personal health information to a healthcare provider who may be involved in your care, such as physicians, acupuncturists, nurses, chiropractors, and therapists.

For Payment. We may use and disclose your personal health information to obtain payment for services provided to you.

For Health Care Operations. We may use and disclose your personal health information in connection with our healthcare operations, including quality assessment and improvement activities, reviewing qualifications of healthcare professionals, conducting training programs, certification, credentialing, or licensing activities.

As Required By Law. We will disclose your personal health information when required by law to do so.

Public Health Activities. We may disclose your personal health information for public health activities.

Worker's Compensation. We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

To Your Family and Friends. 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.

Appointment Reminders. We may use or disclose personal health information to remind you about appointments, such as voicemail messages, postcards, or letters.

Treatment Alternatives. We may use or disclose personal health information to inform you about treatment alternatives that may be of interest to you.

Persons Involved in Care. 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 your 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 prescriptions or health information.

National Security and Intelligence Activities; Protective Services for the President and Others. We may disclose personal health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations. We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of patient under certain circumstances.

Abuse or Neglect. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL HEALTH INFORMATION

We will use and disclose personal health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose personal health information in writing at any time. If you revoke your Authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

PATIENT RIGHTS

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your personal health information. We are not required to agree to your requested restrictions, but if we do, we will comply with your request except as needed in an emergency.

Access. You have the right to inspect and obtain a copy of your medical records, subject to some limited exceptions. You must make a request in writing to obtain access to your medical records. We may charge a reasonable fee for our costs in copying and mailing your requested information, including staff time. If you prefer, we will prepare a summary or an explanation of your medical records for a fee.

Right to Request Amendment. You have the right to request that we amend any personal health information maintained by our office for as long as the information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment under certain circumstances.

Right to an Accounting of Disclosures. You have the right to request a list of instances in which we have disclosed your personal health information for purposes other than disclosures for treatment, payment and health care operations or certain other activities.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. **You must make this request in writing.** Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

COMPLAINTS

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your health information, you may file a complaint in writing with our office to the contact information listed at the end of this Notice. You may also submit a written complaint to the Office of Civil Rights in the U.S. Department of Health and Human Services

We support your right to the privacy of your health information. We will not retaliate against you if you file a complaint.

CONTACT INFORMATION:

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