



HIPAA NOTICE of PRIVACY

(Health Insurance Portability and Accountability Act)

This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

Thrive Acupuncture and Wellness is required by law to maintain the privacy and confidentiality of your protected health information, and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. We maintain the right to amend this notice of privacy at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this notice.

- You have the right to request restrictions on certain uses and disclosures of your health information. If services are paid in full by cash, you may restrict that information to any insurer for purposes other than treatment.
- You have the right to have your health information received or communicated through an alternative or sent to an alternative location other than the usual method of communication or delivery upon your request.
- You have the right to request that we amend your protected health information but please be advised that we may not be required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have the right to receive an accounting of disclosures of your protected health information by us.
- You have the right to a paper copy of this notice of privacy practices upon request.
- Please note that this office submits insurance claims via electronic media and/or fax machine. You have the right to request alternative methods.

Thrive Acupuncture and Wellness may communicate information through one or more of the following methods: in-person, phone, postal mail, electronic mail, fax, electronic upload / download.

Treatment: We may disclose your health care information to other healthcare professionals within our proactive for the purpose of treatment, payment, or healthcare operations. We reserve the right to provide a substitute healthcare provider authorized by **Thrive Acupuncture and Wellness**.

Payment: If payment is not made as arranged, treatments may be denied, and we may utilize an outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file containing protected healthcare information.

Workers Compensation: If applicable, we may disclose your health information as necessary to comply with state Workers Compensation laws.

Emergencies: We may disclose your health information to notify or assist in notifying a family member or other person responsible for your care about your medical condition, or in the event of an emergency or of your death.

Public Health: As required by law, we may disclose your health information to public health authorities for purposes related any of the following: preventing / controlling disease, injury or disability; reporting child / elderly abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration (F.D.A.) problems with products and/or reactions to medications; and reporting disease or infection exposure.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceedings.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, missing person; complying with a court order or subpoena; any other law enforcement purpose.

Deceased Persons: We may disclose your health information to coroners or medical examiners.

Public Safety: It may be necessary to disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies: We may disclose your health information for military, national security, prisoner, and government benefit purposes.

Marketing & Other Communication: Your health information will not be disclosed by us for any marketing or other communication without your prior knowledge and signed authorization.

If you have questions, complaints, special requests or would like to discuss this policy for any reason, contact Marlana Gallagher of **Thrive Acupuncture and Wellness** at 240.7218.8332 / thriveacuwellness@gmail.com / 22530 Washington Street Suite 4 Leonardtown, MD 20650. If, after attempting to resolve any complaint or issue regarding your health information directly with **Thrive Acupuncture and Wellness** you are not satisfied, you have the right to submit a formal complaint to DHHS, Office of Civil Rights at 200 Independence Avenue Southwest, Room 509F, HHH Building, Washington, DC 20201.

PATIENT'S PRINTED NAME: _____

PATIENT'S SIGNATURE: _____

DATE OF SIGNED NOTICE: _____