



Notice of Privacy Practices

We are dedicated to providing service with respect to human dignity. Protecting your privacy and your healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in the law.

I. Understanding Your Health Record/Information

Each time you visit a hospital, physician, acupuncturist, chiropractor, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- a. basis for planning your care and treatment
- b. means of communication among the many health professionals who contribute to your care
- c. legal document describing the care you received
- d. means by which you or a third-party payer can verify that services billed were actually provided
- e. a tool for educating healthcare professionals
- f. a source of data for medical research
- g. a source of information for public health officials charged with improving the health of the nation
- h. a source of data for facility planning and marketing
- i. a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- a. ensure its accuracy
- b. better understand who, what, when, where, and why others may access your health information
- c. make more informed decisions when authorizing disclosure to others

II. Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- a. request a restriction on certain uses and disclosures of your information
- b. obtain a paper copy of this Notice of Privacy Practices upon request
- c. inspect and obtain a copy of your health record
- d. amend your health record under certain circumstances
- e. obtain an accounting of disclosures of your health information
- f. request communications of your health information by alternative means or at alternative locations
- g. revoke your authorization to use or disclose health information except to the extent that action has already been taken

III. Our Responsibilities

Dancing Bear Healing Center is required to:

- a. maintain the privacy of your health information
- b. provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- c. abide by the terms of this notice
- d. notify you if we are unable to agree to a requested restriction
- e. accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you supply to us. We will not use or disclose your health information without your authorization, except as described in this notice.

IV. For More Information or to Report a Problem

If you have questions and would like additional information, ask your provider for clarification. If you believe your privacy rights have been violated, you can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. You can find the Office for Civil Rights for your state at: <http://www.hhs.gov/ocr/regmail.html>. There will be no retaliation for filing a complaint.



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V. Examples of Disclosures for Treatment, Payment and Health Operations

Needless-to-say, we will disclose your protected health information in communications with you. For example, we may use and disclose health information to contact you as a reminder that you have an appointment for treatment here, or to tell you about or recommend possible treatment options or alternatives that might be of interest to you. We may use and disclose health information about you to tell you about health-related benefits or services that might be of interest to you. Other reasons to disclose your health information may include the following.

1) We will use your health information for treatment.

For example: Information obtained by your practitioner will be recorded in your record and used to determine the course of treatment that should work best for you. Your provider will document in your record his or her expectations of any other members of your healthcare team.

2) We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We will use your health information for regular clinic operations.

3) Business associates

There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered, if appropriate. To protect your health information, however, we require the business associate to appropriately safeguard your information.

4) Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

5) Marketing

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.

6) Health oversight

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct, or have otherwise violated professional or clinical standards, and are potentially endangering one or more patients, workers or the public.

7) As required by law

We will disclose health information about you when required to do so by federal, state, or local law. For example, information may need to be disclosed to the Department of Health and Human Services to make sure that your rights have not been violated. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

We will disclose your health information to appropriate agencies if relevant to a suspicion of child abuse or neglect, or, if you are not a minor, if you are a victim of abuse, neglect or domestic violence and either you agree to the disclosure or we are authorized by law to disclose this and it is believed that disclosure is necessary to prevent serious harm to you or others.

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone who we believe would be able to prevent the threat or harm from happening.