

**New Leaf Acupuncture & Reiki**  
**Wendy Taylor, L.Ac., M.Ac.**  
**Notice of Privacy Practices**

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*At New Leaf Acupuncture & Reiki, we are committed to protecting the privacy of your health information. This notice describes how health information about you may be used and disclosed, and how you can get access to your health information. Copies of the Notices are available to all individuals receiving care. Please review this information carefully.*

**Understanding your health record**

A record is made each time you visit your practitioner. Your health record consists of protected health information, such as: your symptoms, the practitioner's judgments, a plan of treatment, test results provided, diagnoses, treatment, health information from other providers, and billing and payment information about these services. This health record forms the basis for planning your care and treatment at future visits, and also serves as a means of communication among other health professionals who may contribute to your care. Understanding what information is retained in your health record and how that information may be used will assist you to ensure it is accurate and to make informed decisions about who, what, when, where, and why others may be allowed access to your protected health information.

**Understanding your health information rights**

Your health record is the physical property of your practitioner, but the content is about you, and therefore belongs to you. You have the right to review or obtain a paper copy of your health record and to request that appropriate amendments be made to your health record. You have the right to request restrictions, to authorize disclosures of the health record to others, and to be given an account of these disclosures. Other than activity that has already occurred, you may revoke any further authorization to use or disclose your protected health information. Should we need to contact you, you have the right to request communication by alternate means and to alternate locations.

**Our responsibilities**

We are required to maintain the privacy of your health information and to provide you with this notice of our privacy practices. We are required to follow the terms of the Notice of Privacy Practices that is currently in effect. Other than for the reasons described in this notice, we agree not to disclose your health information without your authorization.

**How we may use and disclose protected health information about you**

The privacy of the health information we record and obtain about you is protected by law. Federal and state laws allow us to use and disclose protected health information for treatment, payment, and quality-monitoring, and your consent, or the opportunity to agree or object, is not required in these instances:

- **Treatment** – Information obtained by your practitioner will be entered into your record and used to plan the course of treatment.
- **Payment** – Your record will be used to receive payment for services rendered by your practitioner. A bill may be sent to either you or a third party payer with accompanying documentation that identifies you, your diagnosis and/or practitioner's impressions, and procedures performed.
- **Health Care Operations** – We may use and disclose protected health information about you for quality control and administrative purposes. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide. We may also use or disclose your information to conduct services such as medical quality monitoring and review accounting, legal, insurance, or risk management services; and for audit purposes.
- **Appointment Reminders** – We may contact you to remind you of an appointment.

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- **Disaster-relief Efforts** – In the case of a disaster, we may disclose health information about you to disaster-relief organizations so that your family may be able to be notified of your condition, status, and location. You have the right to request that we do not disclose health information unless required for emergency response purposes.
- **Military** – If you are a member of the Armed Forces or a foreign military, we may release your health information to appropriate military authorities as required or permitted by law.

In addition, the following disclosures are required by law and do not require your consent:

- **Food and Drug Administration (FDA)** – Your practitioner is required by law to disclose health information to the FDA related to any adverse effects of food supplements, products, and product defects for surveillance to enable product recalls, repairs, or replacements.
- **Worker's Compensation** – Your practitioner will release information to the extent authorized by law in matters of worker's compensation.
- **Public Health** – Your practitioner is required by law to disclose health information to public health and/or legal authorities to avert a serious threat to health or safety, to report a communicable disease, injury, or disability or to comply with mandated reporting requirements for tracking birth and morbidity.
- **Law Enforcement** – As required under state or federal law, your health information will be disclosed to appropriate health oversight agencies, public health authorities, law enforcement officials, or attorneys: (1) In response to a valid court order, subpoena, discovery request, warrant, summons, or other lawful instructions from courts or public bodies; (2) To defend ourselves against a lawsuit brought against us; (3) In the event that your practitioner believes in good faith that one or more patients, workers, or the general public are endangered due to suspected unlawful conduct of a practitioner or violations of professional or clinical standards; (4) When a client is a suspected victim of abuse, neglect, or domestic violence; (5) To identify or locate a suspect, fugitive, material witness or missing person; (6) In an emergency situation to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

It is your practitioner's practice to consider the following as routine uses and disclosures for which specific authorization will not be requested. You have the right to request restrictions on these uses. Otherwise, your practitioner and this office will request your authorization whenever disclosure of personal health information is necessary to parties other than those referenced here.

- **Business Associates** – Some or all of your health information may be subject to disclosures through contracts for services to assist this office in providing health care. To protect your health information, we require these Business Associates to follow the same standards held by this office through terms detailed in written agreement.
- **Communications with Family** – Using best judgment, a family member, close personal friend identified by you, personal representative, or other persons responsible for your care may be notified or given information about your care to assist them in enhancing your well-being or to confirm your whereabouts.
- **Marketing** – Your practitioner may send via mail or e-mail information to you about treatment alternatives and other health-related benefits that you may find useful. We do not sell or receive anything of value in exchange for your health information.

### Your Health Information Rights

You have certain rights regarding your health record:

- **Right to Inspect and Copy** – You have a right to inspect and receive a copy of your health information, including certain medical and billing records. You must submit your request in writing. We may charge a fee

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for the costs of copying and/or mailing the information, as well as any other supplies associated with your request. We may deny your request under certain circumstances, such as if it is believed to endanger you or someone else. You may request a review of the denial.

- **Right to Request Amendment** – If you believe recorded health information we have about you to be incorrect or incomplete, you have the right to request that your health information be amended. You are required to submit your request in writing, with an explanation of why the amendment is needed. If we accept your request, we will add an addendum to your health record, but cannot change the original health record. If we deny your request, we will give you a written explanation of why we did not make the amendment. You may write a statement of disagreement if you are denied, and this statement will be stored in your health record and included with any release of your records.
- **Right to a List of Disclosures** – You have the right to receive a list of lawful disclosures we have made of your health information in the six years prior to your request. You must submit your request in writing, and state the period of time for which you want a list, which may not be longer than six years. You may receive the list in paper or electronic form. We may charge you for the cost of providing the list. We will inform you of any costs before you will be charged, and you may choose to modify or withdraw your request.
- **Right to Request Restriction** – You have the right to ask us to restrict or limit certain uses and disclosures of your protected health information, including to those who are involved in your care or payment of your care. You must submit your request in writing. We do not have to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to terminate the restriction at any time, if we inform you. If we terminate the agreement, it will only affect health information created or received after we notify you.
- **Right to Request Confidential Communications** – You have the right to request that we communicate with you about health matters in a particular way or location. For example, you may request that we only contact you at home or by mail. Your request must be in writing, and must specify how you want us to contact you, including a valid alternative address. We may ask you how disclosure of all or part of your health information could put you in danger. We will honor all reasonable requests. If we are unable to contact you using the requested ways or location, we may contact you using any information we have on file.
- **Right to Revoke Authorization** – Other uses and disclosures of your protected health information not covered by this notice or applicable laws will be made only with your written authorization. You may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. We are unable to take back any disclosures that we have already made with your permission, and information disclosed to other parties may no longer be protected under the law once released and may be re-disclosed to other parties without your authorization.
- **Right to Be Notified in the Event of a Breach** – You have the right to be notified if the privacy of your protected health information has been breached.

### **Changes to this Notice**

We reserve the right to change this Notice at any time. Any revised or changed Notice will be effective for protected health information already on file, as well as future protected health information we receive about you. The Notice is available at [www.newleafacupuncturedc.com](http://www.newleafacupuncturedc.com). You may request a paper copy at any time.

To receive additional information or to report a problem, you may contact your practitioner. If you believe your privacy rights have been violated, you have the right to file a complaint with the U.S. Secretary of Health and Human Services with no fear of retaliation by this office.

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**Confirmation of Receipt of New Leaf Acupuncture & Reiki's Notice of Privacy Practices**

By providing my signature I am aware that New Leaf Acupuncture & Reiki has a Privacy Policy and I consent to the conditions of this privacy policy. I am aware that this privacy policy is available for me to view online or in the office. I am also aware that the conditions of the privacy policy are subject to change and that I am welcome to view an updated version of the policy at any time online or in the office. The New Leaf Acupuncture & Reiki Notice of Privacy Practices is compliant with HIPPA and indicates that my personal health information will be used for treatment, business operations, payment, and health care operations, but will otherwise remain confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_