

The Center for Balance Integrative Medicine

Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This document is on the World Wide Web at <http://www.centerforbalance.org/intmed.htm>.

ROUTINE USES AND DISCLOSURES OF YOUR INFORMATION. New Federal Regulations known as HIPAA (the Health Insurance Portability and Accountability Act) protect the privacy of the health information that we collect about you. Health information is information that can be used to identify you and that relates to your health condition, your health care, or the payment for your health care. We are committed to use health information for a variety of routine tasks, such as to provide health care services to you, obtain payments for those services, and conduct normal health care business operations. Here are examples of how we use your health information:

Treatment – we keep a record of each visit and/or admission. These records may indicate your test results, diagnosis, medications, and response to medications or other therapies. This allows doctors, nurses, and other clinical staff members to provide the best possible care to meet your needs.

Payment – we keep a record of the services and supplies you receive at each visit so that we can be paid by you, an insurance company, or a third party. We may tell your health plan about an upcoming treatment or service in order to obtain their prior approval and authorization.

Health Care Operations – we use your health information to insure the quality of the services we provide, to train staff, for business management, and for customer service purposes. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you tonight.

We may share your health information with your health plan only if you are a plan member and only to the extent necessary to obtain payment for your health care. Your health information may also be shared with our business associates to facilitate treatment, payment for services, or health care operations. In any of these cases, the persons with whom we share your health information must follow HIPAA privacy requirements.

Massachusetts law provides additional privacy protection for certain types of information. As a result, some parts of this general Notice of Privacy Practices may not apply to HIV test information, alcohol and substance abuse treatment information, genetic information, and mental health information.

For example, state requires our mental health providers to obtain your written permission before using or disclosing your mental health information for many of the purposes described above. The Massachusetts requirement prevents our mental health providers from disclosing your mental health information to your primary care provided for continuing treatment without your written permission.

NON-ROUTINE USES AND DISCLOSURES. There are other times when we are allowed or required to use or disclose health information without your permission. These circumstances are:

- If required by law
- For public health activities such as tracking, diseases or medical devices
- To protect victims of abuse, neglect, or domestic violence
- For judicial or administrative proceedings
- For law enforcement
- In the unfortunate event of your death, to coroners, medical examiners, funeral directors, and organizations that procure or store organs so they may determine if donation is possible
- To avert serious threats to the health or safety of you or the public, but we will only share your health information with someone able to help prevent the threat
- For specialized government functions such as national security and intelligence
- To Worker's Compensation if you are injured at work
- To a correctional institution if you are an inmate
- For research purposes so long as we have obtained through a special process assurance that research without your written authorization poses minimal risk to your privacy, or the researcher has made certain specific promises to us about how your information will be used
- To maintain a facility directory, so long as in non-emergency situations you have been given the opportunity to restrict or prohibit this disclosure
- To friends or family members involved in your care or payment of your care, unless you object
- To persons who are legally authorized to act as your personal representative, unless circumstances are such that doing so is not in your best interest. A parent or guardian will generally be considered the personal representative of a minor child unless the child is permitted by law to act on his or her own behalf

We may also use your health information to recommend treatment alternatives, tell you about health benefits and services, or send you appointment reminder notices.

All other uses and disclosures not described above may only be made with your signed authorization.

YOUR RIGHTS. Under HIPAA, you have the right to:

- Request restrictions on how we use or disclose your health information, however, we do not have to agree to your request
- Request to receive confidential communications at an alternate phone or address. Your request must be in writing
- Request to inspect and obtain a copy of your health information (fees may apply). Your request must be in writing
- Request amendment to your health information if you feel you need to make additions or corrections. Your request must be in writing and include supporting information
- Get an accounting of disclosures of your health information *except* for disclosures we made to you, to carry out treatment, to obtain payment for services, for health care operations, to your friends and family involved in your care, to federal officials for national security and intelligence activities, to correctional institutions regarding inmates or to law enforcement officers, prior to April 14, 2003, or as part of a limited set of your health information data
- Get a paper copy of this notice even if you have received it electronically

OUR RESPONSIBILITIES. We are required by law to maintain the privacy of your health information, provide this written Notice of Privacy Practice, and abide by the terms of the Notice currently in effect. We reserve the right to change our privacy practices and make the new provisions effective for all health information we maintain. Revised Notices will be available at <http://www.centerforbalance.org/intmed.htm>.

ADDITIONAL INFORMATION, COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the President of The Center for Balance Board of Directors and action will be taken promptly to investigate and resolve it. To file a complaint contact the President of The Center for Balance Board of Directors by emailing bod@centerforbalance.org.

You may also file a complaint with the Secretary of the Department of Health and Human Services. *You will not be subject to any retaliation or other harm as the result of any complaint.*

PLEASE ACKNOWLEDGE THAT YOU RECEIVED THIS NOTICE.

We would like to know that you have read this Notice and understand your rights. During your first visit or follow up visit to The Center for Balance after April 14, 2003, you may be asked to sign to acknowledge that you received this notice.