

Hawthorn Natural Health, PLLC
HIPAA Privacy Notice
Effective January 1, 2014

This notice describes the privacy policies of Hawthorn Natural Health, PLLC, the East Asian Medicine practice of Ann Murphy, EAMP, LMP and her business associates.

This notice describes our policy about how your medical information can be used or disclosed, how you can access this information and what steps we take to protect your private medical information. Please review it carefully.

Our Responsibilities

We respect your privacy and understand that your personal health information is very sensitive. We will not disclose this information to others unless you ask us to do so, or unless the law allows or requires us to do so.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly of a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices in this notice and must give you a copy of it.
- We will not use or share your information other than as described here unless you have specified otherwise in writing. Even if you do this, you may change your mind at any time; please just let us know (again, in writing).

The law protects the privacy of health information we create and obtain while providing care and services to you. For example, your protected health information includes symptoms, test results, diagnoses, treatment, health information from other providers and billing and payment information related to these services. Federal and state laws allow us to use and disclose your protected health information for the purposes of treatment, payment and our own health care operations as described below.

Disclosures

How We May Use and Disclose Medical Information About You

For Treatment: Information obtained by Ann Murphy, EAMP, LMP will be recorded in your medical record and used to help decide what care might be right for you. For example, based on information in your medical record we may recommend that you see a specialist or your Primary Care Provider.

For Payment: When we request payment from your health plan or other payers, they need information from us about your medical care such as diagnoses, procedures performed or recommended care in order to cover those services provided to you. For example, we may need

to give your health plan details about your Acupuncture treatment so that your health plan will pay us or reimburse you for the procedure. We will not disclose your health information to 3rd party payers without your authorization unless required to do so by law.

For Internal Operations: We may use or disclose your health information as part of running our practice, to improve our care, and to contact you. For example, we use your health information to manage your treatment and the care we provide you.

Other Uses and Disclosures

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety, to the health and safety of the public, or to that of another person. Any such disclosure would be limited to some person or agency suitable for preventing of the threat.

Special Situations

Workers' Compensation: We may release medical information about you for workers' compensation claims or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health: As required by law, we may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by some else involved in the dispute.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Sharing information with family, close friends or others involved in your care: You have the right to describe what information you would like shared and how. (we may ask you to make this request in writing)

Online Scheduling: Unless you notify us that you object, we may use your name, email, phone number and type of treatment for scheduling purposes. Scheduling information will be accessible to you via email, to Ann Murphy, EAMP, LMP and to her business associates for the purposes of billing and accounting. No medical information (such as the nature of your care) will be disclosed as part of online scheduling.

Appointment Reminders: We may contact you to remind you of an appointment at our clinic, and may recommend possible treatment options or alternatives that may be of interest to you.

Marketing or Sale of Your Information: It is our policy **never** to share your information for marketing purposes unless you give us specific written permission. We never sell any of your information. That's not something we do.

Your Rights

As a solo practitioner I am in charge of any medical record requests. Please feel free to call me directly or to ask me in person if you have any questions about the following section.

Right to this Notice: You have a right to a paper copy of this notice. You may ask us for a copy at any time.

Right to Inspect and Copy: you have a right to inspect and receive a copy of your health care information including certain medical and billing records. Please make requests for these in writing.

Right to Request Amendment: You have a right to ask that your health information be amended. We have the right to deny this request under certain circumstances. This request should be submitted in writing.

Right to a List of Disclosures: You have the right to request a list of disclosures. This is a record of disclosures we made of medical information about you in accordance with applicable laws.

Right to Request Restriction: You have a right to ask us to restrict certain uses and disclosures of your health information. You may be asked to submit this request in writing. We will comply with all reasonable requests.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a specific way or location. For example, you can ask that we contact you by work or by mail. You may be asked to may this request in writing, specifying how or where you wish to be contacted. We will comply with all reasonable requests.

Right to Revoke Authorization: Other uses and disclosures of your health information not covered by this noticed or the laws that apply to us will be made only with your written permission. If you provide us with information about you under these circumstances, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission and information disclosed to other parties may no longer be afforded certain protections under the law once released and might be re-disclosed to other parties without your authorization.

Right to Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Changes to this Notice

We reserve the right to change this notice at any time. Any revised or changed notice will apply to medical information we already have about you as well as any future medical information.

Complaints

If you believe your privacy rights have been violated you can contact the HIPAA Compliance/ Safety Officer, Ann Murphy, EAMP, LMP 206-355-7872. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by calling 1-877-696-6775. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.