Harmony Acupuncture, LLC
Virginia Beach, VA

Notice of Privacy Practices

At Harmony Acupuncture, LLC, 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. Please review this information carefully.

Who will follow this Notice

The privacy practices described in this Notice will be followed by all employers and employees and/or affiliated practitioners of Harmony Acupuncture, LLC. ("Clinicians").

Understanding your health record

Harmony Acupuncture, LLC, maintains a health record for each patient. Your health record consists of protected health information, such as: your symptoms, the Clinician's judgments, a plan of services, test results, 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/consultation 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 bout who, what, when, where, and why others may be allowed access to you protected health information.

Understanding your health information rights

Your health record is the physical property of Harmony Acupuncture and Oriental Medicine, LLC, 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 disclosure of the health record to others, and be given an account of those disclosures. Other than activity that has already occurred, you may revoke any further authorizations to use or disclose your protected health information. Should we need to contact you, you have the right to request communication by alternate means or to alternate locations.

Our responsibilities

Harmony Acupuncture and Oriental Medicine, LLC is required to maintain the privacy of your protected 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 that for the reasons described in this notice, Harmony Acupuncture, LLC agrees not to use or disclose your health information without your consent. 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 health care operations.

How we may use and disclose protected health information about you

For treatment and consultation – Protected health information obtained by Clinicians will be recorded in your health record and used when considering your care or course of treatment.
For payment – We may need to give to your health insurance plan information about services you received so that you will receive reimbursement for these treatments. We will not disclose protected health information to third party payers without your authorization unless such disclosure is authorized by law.
For health care operations – We may use and disclose protected health information about you for quality control and administrative purposes. For example, we may review treatment and services and evaluate performance of our Clinicians in caring for you. 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.
For educational purposes – We may also disclose information to other Harmony Acupuncture and Oriental Medicine, LLC Clinicians for learning purposes.

Practice regarding disclosure of protected health information

Your health information will be routinely used for treatment/consultation, payment, and quality-monitoring, and your consent, or the opportunity to agree or object, is not required in these instances:
Treatment/consultation – Information obtained by your Clinicians at Harmony Acupuncture and Oriental Medicine, LLC will be entered in your record and

used to plan the services provided you. Your health information may be shared with others involved in your care or providing consultation about your services. Your Clinician's own expectations and those of others involved in your care may also be recorded.
Payment – your record will be used to receive payment for services rendered by Harmony Acupuncture, LLC. A bill may be sent to either you or a third-party payer with accompanying documentation that identifies you, your diagnosis and/or Clinician's impressions, and procedures performed.
Quality monitoring – The staff in this office will use your health information to assess the care you received and compare the outcome of your care to others. 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.
Appointment reminders – We may contact you to remind you of an appointment.
Treatment alternatives – We may contact you to recommend possible other treatment options that may be of interest to you.
News-gathering activities – We may contact you to see if you may be interested in participating in a news story for publication or external news media. Your written authorization is required if we would like to use or disclose any protected health information in this situation.
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.
Coroners, Medical Examiners, and Funeral Directors – We may disclose your health information to a coroner to medical examiner, or to a funeral director if required for them to carry out their duties.

In addition, the following disclosures are required by law and do not require your consent:
Food and Drug Administration (FDA) – This office 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 – This office 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 communicable disease, injury, or disability, or to comply with mandated reporting requirements for tracking of birth and morbidity.
Law enforcement and legal actions – 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 the courts or public bodies;
(2) To defend ourselves against a lawsuit brought against us;
(3) In the event that an employee or business associate of Harmony Acupuncture, LLC, believes in good faith that one or more clients, workers, or the general public are endangered due to suspected unlawful conduct of a practitioner or violations of professional, ethical, or clinical standards;
(4) When a client is a suspected victim of abuse, neglect or domestic violence;
(5) To identify or located a suspect, fugitive, material witness, or missing person;
(6) In emergency situations to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
Health-oversight activities – We may disclose health information as required by law, to governmental, licensing, auditing, and accrediting agencies.
National security and intelligence activities – We may disclose information about you to federal officials in order to intelligence, counterintelligence, and other national security activities, as required or authorized by law.
Protective services for the U.S. President and Others – We may disclose health information about you for special investigation purposes related to the U.S. President, foreign heads of state, and other key officials, as required or authorized by law.

It is Harmony Acupuncture, LLC'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, Harmony Acupuncture, LLC, 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 disclosure 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 a 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 you whereabouts.
Marketing – Harmony Acupuncture, LLC, may send 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.
Fundraising – Harmony Acupuncture, LLC, may contact you to request your charitable supports. In addition to using your contact information such as name, address, phone number, and dates of service provided to you, we may also use the site or clinic department, the name of the Clinician(s) you saw, the outcome of your treatment, and your health insurance status for fundraising purposes. If we contact you for fund-raising activities, instructions on how you may "opt-out" or no longer receive future communication from us will be included. If you opt-out, you may opt back in at any time by contacting us directly.

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 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 you 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 you 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 nay 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 restriction or limit certain uses and disclosures of you protected health information, including to those who are involved in you are of payment for your care, such as a family member of friend. 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 you 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 locations, 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 compromised.

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 posted at the office of Harmony Acupuncture, LLC, and is also available for download at www.harmonyacupuncturists.com. You may request a paper copy of this Notice at any time.

Our right to check your identity

For your protection, we reserve the right to check your identity whenever you have questions about your treatment or payment activities, or request to look at, copy or amend your health record, or obtain a list of disclosures of your protected health information.

Exercise of Rights, Questions, or Complaints

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

Harmony Acupuncture, LLC
Address: 1427 N. Great Neck Road, Ste. 103, Virginia Beach, VA 23454
Phone: (757)754-0677

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines-Voice: 1-800-368-1019

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