

Laura Yoo, L.Ac.
800 N. Bishop Ave.
Dallas, TX 75208

NOTICE OF PRIVACY PRACTICES

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

Laura Yoo, L.Ac., is required by law to maintain the privacy and confidentiality of your personal health information and to provide patients with notice of her legal duties and privacy practices with respect to your protected health information (PHI).

Disclosure of Your Health Care Information

Emergencies

I may disclose your PHI to notify or assist in notifying a family member, or another person responsible for your care and your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, I may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration about problems with products and reactions to medications; and reporting disease or infection exposure.

Judicial and Administrative Proceedings

I may disclose your PHI in the course of any administrative or judicial proceeding.

Law Enforcement

I may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Persons

I may disclose your PHI to coroners or medical examiners.

Organ Donation

I may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.

Research

I may disclose your PHI to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent event to the health or safety of a particular person or to the general public.

Specialized Government Agencies

I may disclose your PHI for military, national security, prisoner and government benefit purposes.

Marketing

I may contact you for marketing purposes or fundraising purposes, as described below: (Example)

“As a courtesy to our patients, it is our policy to call your home, usually the day prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No PHI will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

“It is our policy to participate in charitable events to raise awareness, food donations, gifts, money etc. During these times we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal information about your condition for the purpose of clinic sponsored fund raising events.”

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your PHI. Please be advised, however, that the clinic is not required to agree to the restriction that you request.
- You have the right to have your PHI received or communicated through an alternate method or sent to an alternative location from the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your PHI. I will charge you reasonable cost based fee expenses such as copies and staff time. The fee is set as base fee of \$30 for 10 pages or less; additional fee of \$1 per page for pages 11-60 and 50 cents per page for pages 61-400. The base fee must be paid at the time of the request and the balance paid at the time of pick up.
- You have the right to request that the clinic amend your PHI. Please be advised, however, that I am not required to agree to amend your PHI. If you request to amend your PHI has been denied you will be provided with an explanation of your denial(s) and information about how you can disagree with the denial
- You have the right to receive an accounting of disclosures of your PHI made by Laura Yoo, L.Ac.
- You have the right to a paper copy of this notice upon request.

Changes to this Notice of Privacy Practices

I reserve the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective to all information that I maintain. Until such amendment is made, I am required by law to comply with this notice.

Laura Yoo, L.Ac., is required by law to maintain the privacy of your PHI and to provide you with notice of her legal duties and privacy practices with respect to your PHI. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact Laura Yoo by calling 972-935-4169. If Laura Yoo is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints

Complaints about your privacy rights or how I have handled your PHI should be directed by contacting me as listed above. If you are not satisfied with the manner in which I handle your complaint, you may submit a formal complaint to

DHHS Office of Civil Rights
200 Independence Avenue, SW
Room 509F, HHHF
Washington, DC 20201

This notice is effective as of March 1, 2006. I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Laura Yoo, L.Ac. with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment of health care operations as described in the Privacy Notice.

Patient Name—Print

Patient Signature

Date

Authorized Facility Signature

Date