

HIPAA 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.

I. What This Is

This Notice describes the privacy practices of the Center for Acupuncture and Herbal Medicine, P.A.

II. Our Privacy Obligations

We are required by applicable federal and state law to maintain the privacy of medical and health information about you ("PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure.)

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Health Care Operations. We may use and disclose your PHI in order to treat you, obtain payment for service provided to you and in order to conduct our "health care operations" as detailed below:

- Treatment. We may use and disclose your PHI in providing, coordinating and/or managing health care and related services for you. For example, to treat your injury or illness. We may also disclose PHI to other providers involved in your treatment. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, voicemail messages, postcards, and letters.
- Payment. We may use and disclose your PHI to obtain payment and/or reimbursement for services that we provide to you, billing or collection activities, confirming coverage, and utilization review. For example, sending a bill for your visit to your insurance company for payment. You should be aware that if you are not the insurance policy holder, the insurance carrier might disclose certain information to the policyholder.
- Health Care Operations. We may use and disclose your PHI for our health care operations; or the business aspects of running our practice. This includes internal planning, administration, and conducting of quality assessments and activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use PHI to audit functions, evaluate the qualifications and competence of our health care providers, conduct training programs, for accreditation, certification, licensing and/or credentialing activities, cost-management analysis and customer service.

We may disclose your PHI to our attorneys or accountants in the event we need information in order to address one of our business functions. We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for service they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or health care fraud and abuse detection or compliance.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We will make reasonable efforts to limit the Health Information we use or disclose to the "minimum necessary" to accomplish the stated purpose.

B. Your Authorization. In addition to our use and disclosure of your PHI for treatment, payment, or healthcare operations, you may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

C. Disclosure to Relatives and Close Friends. We may use or disclose your PHI to a family member, your personal representative, person responsible for your care, or other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present or in the event of your incapacity or emergency circumstances, we may exercise our professional judgment to determine whether a disclosure is in your best interest disclosing only PHI directly relevant to the person's involvement in your healthcare. We will also use our professional judgment to make inferences of your best interest in allowing a person to pick up health information.

D. Fundraising Communications. We may contact you to request a tax-deductible contribution to support important activities of Center for Acupuncture and Herbal Medicine, P.A.. If you do not want to receive fundraising requests in the future, you may contact our HIPAA Compliance Officer at (908) 654-4333.

E. Public Health Activities. We may disclose PHI for the following public health activities and purposes: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U. S. Food and Drug Administration; and (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

F. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose PHI to a government authority, including a social service or protective services agency, authorized by law to receive report of such abuse, neglect or domestic violence.

G. Health Oversight Activities. We may disclose PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

H. Judicial and Administrative Proceedings. We may disclose PHI in the course of a judicial or administrative proceeding in response to legal order or other lawful process.

I. Law Enforcement Officials. We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

J. Decedents. We may disclose PHI to a medical examiner as authorized by law.

K. Organ and Tissue Procurement. We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

L. Research. We may use or disclose PHI without your consent or authorization if an Institutional Review Board approves a waiver or authorization for disclosure.

M. Health or Safety. We may use or disclose PHI to prevent or lessen a threat of imminent, serious physical violence against you or another readily identifiable individual.

N. Specialized Government Functions. We may use and disclose PHI to units of the government with special functions, such as the U. S. military or the U.S. Department of State under certain circumstances.

O. Workers' Compensation. We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

P. As required by Law. We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

Q. Change of Ownership. In the event that Center for Acupuncture and Herbal Medicine, P.A. is sold or merged with another organization, your health information/record will become the property of the new owner.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the HIPAA Compliance Officer.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Uses or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, we may only use or disclose your PHI when you give us your authorization on our authorization form. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

B. Marketing. We must also obtain your written authorization prior to using your PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter and are also permitted to give you a promotional gift of nominal value, if we so choose.) In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings.

C. Genetic Information. Except in cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your special written consent prior to obtaining or retaining your genetic information (for example, your DNA sample) or using or disclosing your genetic information for purposes of treatment, payment or health care operations. We may use or disclose your genetic information for any other reason only when your authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law or by court order.

D. HIV/AIDS Related Information. Your authorization must expressly refer to your HIV/AIDS related information in order to permit us to disclose your HIV/AIDS related information. However, there are certain purposes for which we may disclose your HIV/AIDS information, without obtaining your authorization: (1) your diagnosis and treatment; (2) scientific research; (3) management audits, financial audits or program evaluation; (4) medical education; (5) disease prevention and control when permitted by the New Jersey Department of Health and Senior Services; (6) to comply with a certain type of court order; and (7) when required by law, to the Department of Health and Senior Services or another entity. You also should note that we may disclose your HIV/AIDS related information to third party payers (such as your insurance company or HMO) in order to receive payment for the services we provide to you.

E. Venereal Disease Information. Your authorization must expressly refer to your venereal disease information in order to permit us to disclose any information identifying you as having, or being suspected of having, a venereal disease. However, there are certain purposes for which we may disclose your venereal disease information, without obtaining your authorization, including to a prosecuting officer or the court if you are being prosecuted under New Jersey law, to the Department of Health and Senior Services, or to your physician or health authority, such as the local Board of Health. Your physician or a health authority may further disclose your venereal disease information if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public. Under New Jersey law, we may also grant access to your venereal disease information upon the request of a person (or his/her insurance carrier) again; whom you are asserting a claim for compensation or damages for your personal injuries.

F. Tuberculosis Information. Your authorization must expressly refer to your tuberculosis information in order to permit us to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact to a person with tuberculosis. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining your authorization, including for research purposes under certain conditions, pursuant to valid court order, or when the Commissioner of the Department of Health and Senior Services (or his/her designee) determines that such disclosure is necessary to enforce public health laws or to protect the life or health of a named person.

V. Your Individual Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the HIPAA Compliance Officer:

A. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of PHI (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individual regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our office and submit the completed form to the HIPAA Compliance Officer. We will send you a written response.

B. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations. Your request must specify the alternative means, or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

C. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and obtain copies of the records. If you desire access to your records, please obtain a record request form from the HIPAA Compliance Officer and submit the completed form by mail or in person. We may charge you a reasonable cost-based fee to cover copying, postage, and/or preparation of a summary. We will advise you of these costs in advance. In certain circumstances, we may deny you access. In those circumstances, we will provide you with a written reason for the denial and advise you whether, under the law, you have the right to a review of the denial by a licensed health care professional who was not involved in the process. A complete description of this process is available upon request.

(You should take note that, if you are a parent or legal guardian of a minor, certain portions of the minor's medical record will not be accessible to you per applicable federal and/or state law, including records relating to pregnancy, abortion, sexually transmitted disease, substance use and abuse and contraception and/or family planning services.)

D. Right to Amend Your Records. You have the right to request that we amend PHI maintained in your medical record file or billing record. If you desire to amend your records, please obtain an amendment request form from the HIPAA Compliance Officer and submit the completed form to the HIPAA Compliance Officer. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

E. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we will charge you \$2.00 per page and \$25.00 per hour for the accounting statement.

F. Right to Revoke Your Authorization. You may revoke "Your Authorization" or your "Marketing Authorization," except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the HIPAA Compliance Officer identified below. A form is available upon request from our office.

G. Electronic Notice. If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

H. Further Information/Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to PHI, you may contact our HIPAA Compliance Officer in writing or by phone. You may also file written complaints to the Department of Health and Human Services if you believe your rights as described herein have been violated. Complaints made to the DHHS must be filed in writing and include a description of the acts or omissions you believe have resulted in a violation of your rights. A

complaint must be made within 180 days of when you found out about the violation, unless you have "good cause" for filing later. We will not retaliate against you in any way if you choose to file a complaint with us or with the government.

VI. Effective Date and Duration of this Notice

A. Effective Date. This Notice is effective on April 14, 2003 and will remain in effect until we replace it. We are required to abide by the terms of the Notice of Privacy Practices currently in effect.

B. Right to Change Terms of this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We will make the new provisions effective for all information that we maintain, including health information we created or received before we made changes. Before we make a significant change in our privacy practices, we will change this Notice, post, and make it available upon request. Until such amendment is made, Center for Acupuncture and Herbal Medicine, P.A. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

VII. Contact Information

You may contact us regarding our privacy practices by calling our HIPAA Compliance Officer at (908) 654-4333 or in writing to: c/o Center for Acupuncture and Herbal Medicine, P.A., 166 Mountain Avenue, Westfield, NJ or by phone at (908) 654-4333. You may contact the DHHS at: Director, Office of Civil Rights of the U. S. Department of Health and Human Services, 330 Independence Avenue, SW, Washington, DC 2020.

PATIENT RIGHTS STATEMENT

AUTHORITY: N.J.A.C. 8:43A-6.3(a)2 16.2

Consistent with this Center's obligations and policies and in keeping with our values and principles, a patient in this facility enjoys the following rights:

1. To be treated with courtesy, consideration and respect for the patient's dignity and individuality;
2. To treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment;
3. To retain and exercise to the fullest extent possible all the constitutional, civil, and legal rights to which the patient is entitled by law;
4. To be informed of the names and functions of all health care professionals who are providing direct care to the patient;
5. To receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the facility's health care personnel;
6. To receive in terms that the patient understands an explanation of his or her recommended treatment, risk(s) of the treatment, and expected results. If the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and documented in the patient's medical record;
7. To be informed of these rights in terms the patient could understand. The facility shall conspicuously post the "Patient Rights Statement" and provide patients with access to the rules and regulations governing patient conduct in the facility;
8. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
9. To refuse treatment;
10. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
11. To be free from mental and physical abuse and free from exploitation;
12. To confidential treatment of information about the patient. Information in the patient's medical record shall be disclosed per the Notice of Privacy Practices. Disclosures not listed in the Notice of Privacy Practices will not be released to anyone outside the facility without the patient's approval. Examples of listed disclosures are: another health care facility to which the patient was transferred requires the information, the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
13. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing patient;
14. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
15. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and
16. To be free from discrimination based on: age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
17. To be informed if the facility has authorized other healthcare and educational institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment.
18. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with any rule and regulation.

Telephone nos. and addresses of the following offices where complaints/comments may be lodged regarding patient rights:

Division of Health Facilities Evaluation and Licensing
New Jersey State Department of Health
CN 367
Trenton, NJ 08625-0367
Telephone: (800) 792-9770

State of New Jersey
Office of the Ombudsman for the Institutionalized Elderly
CN808
Trenton, NJ 08625
Telephone: (877) 582-6995

Telephone Numbers of offices where Medicare/Medicaid coverage may be obtained:

Social Security Office: (800) 772-1213

Medicaid: (800) 525-0047 or (800) 792-9745