

Cutting Edge Integrated Medicine

2400 West Coast Hwy, Suite 7
Newport Beach, CA 92663 (714) 469 - 6817

Effective Date: September 12, 2011

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. **Please read it carefully.**

We want you to inform you about the Federal law that protects the confidentiality of your health information. This law is called the Health Insurance Portability and Accountability Act (HIPAA).

Cutting Edge Integrated Medicine is required, by law, to maintain the privacy and confidentiality of your "protected health information" (PHI) including "electronic protected health information" (ePHI) and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information. "Protected Health Information" is information, whether oral, electronic or paper, regarding health status, provision of health care, or payment for healthcare that can be linked to an individual.

The security standards take the privacy regulations one step further by expanding the practice's obligations in the area of how the practice maintains its electronic protected health information. This is part of the **Security Rule**. This Rule covers only protected health information that is in electronic form. This includes ePHI that is created, received, maintained or transmitted. The security regulations generally require medical practices to:

- ❖ Ensure the confidentiality, integrity, and availability of ePHI that the practice creates, receives, maintains and/or transmits;
- ❖ Protect against any reasonably anticipated threats or hazards to the security or the integrity of that electronic data;
- ❖ Protect against any reasonably anticipated uses or disclosures of that electronic information which are not permitted by the privacy regulations;
- ❖ Ensure that the practice and its workforce understand and comply with these regulations.

Security standards are divided into:

- ❖ **Administrative safeguards:** These are the administrative functions that should be implemented to meet the security standards.
- ❖ **Physical safeguards:** These are the mechanisms required to protect electronic systems, equipment and the data they hold from threats, environmental hazards and unauthorized intrusion.
- ❖ **Technical safeguards:** These are the automated processes used to protect data and control access to data.

Uses and Disclosures of Your Protected Health Information/Electronic Protected Health Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed, however, we have listed all of the various ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

For Treatment and Healthcare Operations

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you.

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Appointment Reminders

We may contact you as a reminder that you have an appointment for treatment or medical care at the office.

Wellness Updates

We may contact you with updates about our center, latest news, health tips and details about upcoming promotions.

For Payment

We may use and disclose your medical information for payment purposes. For example, we may use your PHI/ePHI to process claims or be reimbursed by another insurer that may be responsible for payment.

Additional Uses and Disclosures

Notification

We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for your care.

In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your healthcare, according to our professional judgment.

As Required by Law

We must disclose PHI/ePHI about you when required to do so by law.

Public Health Activities

We may disclose your PHI/ePHI to public health agencies for reasons such as preventing or controlling disease, injury or disability.

Victims of Abuse, Neglect or Domestic Violence

We may disclose your PHI/ePHI to government agencies about abuse, neglect or domestic violence.

Health Oversight Activities

We may disclose PHI/ePHI to government oversight agencies (e.g. state insurance departments) for activities authorized by law.

Judicial and Administrative Proceedings

We may disclose PHI/ePHI in response to a court or administrative order. We may also disclose PHI/ePHI about you in certain cases in response to a subpoena, discovery request or other lawful process.

Law Enforcement

We may disclose PHI/ePHI under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

Coroners or Funeral Directors

We may release PHI/ePHI to coroners or funeral directors as necessary to allow them to carry out their duties.

Research

Under certain circumstances, we may disclose PHI/ePHI about you for research purposes, provided certain measures have been taken to protect your privacy.

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To Avert a Serious Threat to Health or Safety

We may disclose PHI/ePHI about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Special Government Functions

We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

Workers' Compensation

We may disclose PHI/ePHI to the extent necessary to comply with state law for workers' compensation programs.

Your Rights Regarding your Protected Health Information/Electronic Protected Health Information

Although your health record is the physical property of Cutting Edge Integrated Medicine, you have certain rights with regard to the information contained therein.

You have the right to:

Right To Access Your PHI/ePHI

You have the right to review or obtain copies of your PHI/ePHI records, with some limited exceptions.

Right to Amend Your PHI/ePHI

If you feel that your PHI/ePHI maintained by us is incorrect or incomplete, you may request (in writing) that we amend the information.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures we have made of your PHI/ePHI.

Right to Request Restrictions on the Use and Disclosure of Your PHI/ePHI

You have the right to request that we restrict or limit how we use or disclose your PHI/ePHI for treatment, payment or healthcare operations.

Right to Receive Confidential Communications

You have the right to request (in writing) that we use a certain method to communicate with you or that we send information to a certain location if the communication could endanger you.

Right to a Paper Copy of This Notice

You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy.

Contact Information for Exercising Your Rights

You may exercise any of the rights described above by contacting us. See the end of this Notice for the contact information.

Health Information Security

Cutting Edge Integrated Medicine requires its employees to follow its security policies and procedures that limit access to health information about patients to those employees who need it to perform their job responsibilities. In addition, maintains physical, administrative and technical security measures to safeguard your PHI/ePHI.

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Changes to This Notice

We reserve the right to change the terms of this Notice at any time, effective for PHI/ePHI that we already have about you as well as any other information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may file a complaint with us by contacting the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. We support your right to protect the privacy of your PHI/ePHI. We will not retaliate against or penalize you for filing a complaint.

Ronda Wimmer, OMD/DOM, LAc, ATC, CSCS, CMT

You are required to sign the HIPAA Notice of Privacy Practices Patient Acknowledgement form on the next page and bring this to your first appointment with your healthcare provider. No services will be rendered without this form. Thank You

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HIPPA

Notice of Privacy Practices Patient Acknowledgment

Patient Name: _____ Date of Birth: _____

I have received (online and/or in person), read and understand this practice's Notice of Privacy Practices written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice's legal duties with respect to my protected health information. This includes, but is not limited to:

- A statement that this practice is required by law to maintain the privacy of protected health information.
- A statement that this practice is required to abide by the terms of the notice currently in effect.
- Types of uses and disclosures that this practice is permitted to make for each of the following purposes: treatment, payment, and health care operations.
- A description of each of the other purposes for which this practice is permitted or required to use or disclose protected health information without my written consent or authorization.
- A description of uses and disclosures that are prohibited or materially limited by law.
- A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization.
- My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:
 - The right to complain to this practice and the Secretary of HHS if I believe my privacy rights have been violated, and that no retaliatory actions will be used against me in the event of such a complaint.
 - The right to request restrictions on certain uses and disclosures of my protected health information, and that this practice is not required to agree to a requested restriction.
 - The right to receive confidential communications of protected health information.
 - The right to inspect and copy protected health information.
 - The right to amend authorization of wellness updates.
 - The right to amend protected health information.
 - The right to request and accounting of disclosures of protected health information.
 - The right to obtain a paper copy of the Notice of Privacy Practices from this practice upon request.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. If changes occur, this practice will provide me a revised Notice of Privacy Practices upon request.

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of patient): _____

Witnessed By: _____