

Longevity Acupuncture & Oriental Medicine

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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.

Our office has always kept your personal and health information private. It is my continued policy to do so under the federal law of Health Insurance Portability and Accounting Act of 1996 (HIPPA) and the State of New Mexico. Personal Health Information (PHI) includes both medical and individually identifiable information.

As outlined in both the federal and state laws and our continued policy, I will protect the privacy of your PHI. I will do the following:

- Limit exposure to who may or may not see your PHI
- Limit how I use or disclose your PHI
- Inform you of our legal duties regarding your PHI
- Further explain our privacy policies upon request
- Be compliant in following the policies currently in law.

Upon any changes in the law, a new notice will be printed with the changes or new provisions and will be provided to you within my practice at the time of your next visit.

USES and DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION (PHI)

Treatment: I may disclose your PHI to a physician, hospital, and/or other medical providers, **but only if you have signed a specific authorization of this purpose.**

Payment: I may use and disclose your PHI to submit claims for covered services allowed by your insurance plan, Medicare, Medicaid, or other means of submission of claims, **but only if you have signed a specific authorization for this purpose.**

Referrals: I may use and disclose your PHI to refer you to another medical provider, hospital, or facility for additional medical treatment, **but only if you have signed a specific authorization for this purpose.**

Family, Friends, or Court Appointed Individuals: In case of medical emergency and to the extent absolutely necessary to help you during a medical emergency, we may disclose your PHI to a family member, friend, or a court appointed person.

Death: I may disclose the PHI of a deceased person to a medical examiner or coroner if it is a public health issue.

Public Health and Safety: I may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others. I may disclose your PHI to the proper authorities if we have reason to believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Required by Law: I must use or disclose your PHI when required by law. An example would be to the public health department in charge of preventing or controlling disease.

Law Enforcement, Process, and Proceedings: I may disclose your PHI in response to the state and federal court systems; such as an administrative order of the court, a subpoena, or other lawful process. Also, your PHI may be disclosed to law enforcement in regard to a suspect, fugitive, material witness, crime victim or missing person.

Military and National Security: Under certain circumstances, I may disclose your PHI to the military authorities or the Armed Forces personnel. I may disclose to authorized federal officials personal and health information required for lawful intelligence, counter-intelligence, and other national security measures.

INDIVIDUAL RIGHTS

You have the right to request restrictions on certain uses and disclosures of confidential information about you, including information about treatment and payment for you and your family members. I am not required to agree to the restrictions and may decide not to accept them and/or may decide not to continue treatment under those restrictions.

You have the right to request confidential health information from us by alternative means or at alternative locations within reason. I will accommodate these reasonable requests by individuals in writing.

You have a right to request confidential health information except for psychotherapy notes or information compiled in anticipation of a legal proceeding. I will accommodate such a request after receiving it in writing.

I may deny an individual access based on any of the following circumstances:

- If I believe the information may endanger your life, or the life and physical safety of another person.

- If the information references another person and I have reason to believe that your access to that information may substantially harm another person.
- If I have determined that providing confidential information to your personal representative is reasonably likely to cause you or another person substantial harm.

You have the right to request that I amend confidential information held by my office. I retain the right to deny your request for such an amendment if I determine that the information was not generated by my office (i.e. report from other professional), if the information is not a part of the confidential record or if I determine that the information in the record is complete and accurate.

You have the right to receive an accounting of disclosures of your confidential information. This information will be available for a period of six (6) years after the initiation of your treatment. A record of your disclosure does not have to be made when those disclosures are to carry out treatment, payment, or other health care operations, information released to you on your request, when there is a signed authorization for the transaction, for national security or intelligence purposes, or to correctional institutions or law enforcement officials.

You have a right to receive a paper copy of this notice upon request from my office, even though you have received a transmission electronically.

REQUESTS AND COMPLAINTS

If you have a request or complaint, you have the right to contact me and request a specific form for that purpose. You may telephone me at (505) 263-7248. You may be asked to provide information to authenticate your identity.

You may also submit a written complaint to the U.S. Department of Health and Human Services. I will provide you with the address upon request. I believe in your right to protect your privacy or your PHI. I will not retaliate in any way, if you chose to file a complaint.

CONTACT INFORMATION

If you want additional information regarding my privacy practice or if you have questions or concerns regarding this written information or if you want to request a form, you may contact us by phoning (505) 263-7248.

The effective date of this notice is April 6, 2003.