

**Norah McIntire, L.Ac.**  
**1445 North Gardner Street**  
**619-818-5267**  
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**Notice of Privacy Practices:** How health information about you may be used and disclosed and how you can get access to this information. Effective 2/14/03.

We care about our patient's privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have any questions about this notice, please contact your individual practitioner, Norah McIntire, L.Ac. 619-818-5267

**Who will follow this notice:** This notice describes the information privacy practices followed by practitioners at this office.

**Your health information:** This notice applies to the information and records we have about your health, health status, and the health care services you receive at this office. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

**How we may use and disclose health information about you:** The following categories describe different ways that we may use and disclose medical information without your specific consent or authorization. Examples are provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

**For treatment:** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to physicians, chiropractors, naturopaths, massage therapists, physical therapists, acupuncturists, office staff or other personnel who are involved in taking care of you and your health. Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as scheduling lab work and ordering x-rays.

**For payment:** We may use and disclose health information about you and disclose information about you so that treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or third party.

**Appointment reminders:** We may contact you as a reminder that you have an appointment for treatment or health care at this office. This is usually done by phone and may be left on a voice messaging machine.

**Your individual practitioner** may mail information to you regarding treatment options, specials, birthday greetings, etc. Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your Consent at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures which occurred before that time. If you do revoke your Consent, we will not be permitted to use or disclose information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment services.

**Special Situations:** We may use or disclose health information about you without permission for the following purposes, subject to all applicable legal requirements and limitations:

**Required by law** We will disclose health information about you when required to do so by federal, state or local law.

**Military, Veterans, National Security and Intelligence:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation:** We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medication or problems with products.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:** We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:** You have the following rights regarding health information we maintain about you.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact your practitioner. You will not be penalized for filing a complaint.

**Right to Inspect and Request Copy:** You have the right to inspect and request a copy of your health information, such as health and billing records, that we use to make decisions about your care. You must submit a written request in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

**Right to Amend:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Health Record Amendment/Correction Form to your practitioner.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting disclosures". This is a list of the disclosures we made of health information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to your practitioner. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

**We are Not Required to Agree to Your Request:** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you may complete and submit the Request For Restriction On Use/Disclosure Of Health Information to your practitioner.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

**Norah McIntire, L.Ac.**  
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**Los Angeles, CA 90046**  
**619-818-5267**

**Notice of Privacy Practices Patient Acknowledgement**

I have received 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, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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