

## Health Information and Privacy Policies Notice

This notice describes how your medical information may be used and disclosed and how your privacy is being protected by Christina Dea, Lic.Ac. The privacy of your medical information is important and I am committed to protecting your medical records. I create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. In order to maintain the level of service I may need to share limited personal medical and financial information. This notice will also describe your rights and certain duties I have regarding the use and disclosure of medical information.

### How Christina Dea, Lic.Ac. May Use or Disclose Your Health Information

Christina Dea, Lic.Ac. collects health information about you and stores it in a chart and on a computer. Your medical records are the property of Christina Dea, Lic.Ac., but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

**Treatment:** I use medical information about you to provide your medical care. I disclose medical information to others who are involved in providing the care you need. For example, I may share your medical information with other physicians, health care providers or other health care facilities that will provide services that I do not provide. I may disclose medical information to family or others who can help you when you are sick or injured.

**Health Care Operations & Payment:** I use and disclose medical information about you to obtain payment for treatments.

**Appointment Reminders & Sign-In Sheet:** I may use and disclose medical information to contact and remind you about appointments. If you are not home, I may leave this information on your answering machine or in a message left with the person answering the phone. I may use and disclose medical information about you by having you sign in for complimentary consultations or when you arrive for scheduled appointments. I may also call out your name when I am ready to see you.

**Notification & Communication with Family:** I may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster, I may disclose information to a relief organization so that they may coordinate these notification efforts. I may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, I will give you the opportunity to object prior to making these disclosures, although I may disclose this information in a disaster even over your objection if I believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Marketing:** I may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. I may also encourage you to purchase a product or service when I see you. I will not use or disclose your medical information without your written authorization.

**Required by Law:** I will limit my use and disclosure of your health information to relevant requirements of the law. When the law requires us to report abuse, neglect, domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, I will further comply with the requirement set forth below concerning those activities.

**Public Health:** I may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When I report suspected elder or dependent adult abuse or domestic violence, I will inform you or your personal representative promptly unless in our best professional judgment, I believe the notification would place you at risk of serious harm or would require informing a personal representative I believe is responsible for the abuse or harm.

**Health Oversight Activities:** I may, and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and Massachusetts law.

**Judicial and Administrative Proceedings:** I may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. I may also disclose information about you in response to a subpoena, discovery request or other

lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

**Law Enforcement:** I may, and are sometimes required by law, to disclose your health information 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, warrant, grand jury subpoena and other law enforcement purposes.

**Public safety:** I may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

### **When Christina Dea, Lic.Ac. May Not Use or Disclose Your Health Information**

Christina Dea, Lic.Ac. will not use or disclose health information that identifies you without your written authorization except as described in this Notice of Privacy Policies. If you do authorize Christina Dea, Lic.Ac. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### **Your Health Information Rights**

**Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. I reserve the right to accept or reject your request, and will notify you of our decision.

**Right to Request Confidential Communications:** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that I send information to a particular email account or to your work address. I will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

**Right to Inspect and Copy:** You have the right to inspect and copy your health information with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect or copy the record. I will charge a reasonable fee, as allowed by Massachusetts's law. I may deny your request under limited circumstances. If I deny your request to access your child's records because I believe allowing access would be reasonably likely to cause substantial harm to your child, you will have a right to appeal the decision.

**Right to Amend or Supplement:** You have a right to request that I amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. I am not required to change your health information, and will provide you with information about Christina Dea, Lic.Ac. denial and how you can disagree with the denial. I may deny your request if I do not have the information, if I did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that I add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

**Right to an Accounting of Disclosures:** You have a right to receive an accounting of disclosures of your health information made by Christina Dea, Lic.Ac., except that Christina Dea, Lic.Ac. does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in the treatment, payment, health care operations, notification and communication with family and specialized government functions paragraphs of this Notice of Privacy Practices or disclosures for purposes of public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent Christina Dea, Lic.Ac. has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

### **Changes to this Notice of Privacy Practices**

I reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, I am required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that I maintain, regardless of when it was created or received.

### **Questions and Complaints**

Questions and complaints about this Notice of Privacy Practices or how Christina Dea, Lic.Ac. handles your health information should be directed to: Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201.

## HIPPA PRIVACY NOTICE

### Consent for Purposes of Treatment, Payment and Health Care Operation

I consent to the use or disclosure of my identifiable health information by Christina Dea Lic.Ac. for the purposes of diagnosis or providing treatment to, obtaining payment for my health care bills or to conduct health care operations. I understand that diagnosis or treatment may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my identifiable health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Christina Dea Lic.Ac. is not required to agree to the restrictions that I may request. However, if Christina Dea Lic.Ac. agrees to a restriction that I request, the restriction is binding upon Christina Dea Lic.Ac.

I have the right to revoke this consent, in writing, at any time except to the extent that Christina Dea Lic.Ac. has taken action in reliance on this consent.

*My identifiable health information* means health information, including my demographic information, collected from me and created or received by my practitioner, another health care provider, a health plan, my employer or a health care clearinghouse. This identifiable health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review Christina Dea Lic.Ac.'s Health Information and Privacy Policies Notice prior to signing this document. This notice describes the types of uses and disclosures of my identifiable health information that will occur in my treatment, payment of my bills or in the performance of health care. The Health Information and Privacy Policies Notice also describe my rights and the duties of my practitioner with respect to my identifiable health information.

Christina Dea Lic.Ac. reserves the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices by accessing the website or requesting the most current notice during any office visit.

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Signature of Patient or Authorized Representative

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Date

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Printed Name and Relationship