

Notice of Privacy Practices

Effective May 18, 2004

The following describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully.

This Notice describes how the office of John Aguilar Jr., L.Ac. protects your Personal Health Information (PHI). PHI includes information that may identify you, relates to your medical condition, the healthcare services you receive, any plan for future care to be provided to you, or the payment for healthcare services provided to you. This Notice also describes how this office may use and disclose this information, and it describes your rights to access and control of your Personal Health Information.

Medical records are created both to ensure a high quality of care, as well as to satisfy certain legal requirements. This Notice applies to all medical records maintained at this office, whether they were created here or were transferred in. By law, this office is required to:

- Follow the terms of this Notice;
- Provide you with this Notice describing the legal duties of this office and its privacy practices with respect to your Personal Health Information, and
- Maintain the privacy of your Personal Health Information.

This Notice may be changed at any time, affecting all Personal Health Information maintained at that time. In the event of any changes, you may obtain a copy of the revised Notice by contacting the Privacy Officer (John Aguilar Jr., L.Ac.) at the address or phone number listed below. The revised Notice will also be made available at this office.

The following categories describe how this office may use and disclose your Personal Health Information.

- Treatment, Payment, and Health Care Operations
Your PHI may be used to provide services to you, to get paid for providing services to you, or for the operations of this office as described below:
 - Treatment – This office may use and disclose your PHI to provide you with medical treatment or services. This office may disclose medical information about you to other licensed healthcare providers and technicians involved in your care. For example, your PHI may be sent to another Licensed Acupuncturist (L.Ac.) as part of a referral or professional review, or to a Chinese medical pharmacy for prescription services.
 - Payment – This office may use and disclose your PHI so the treatment and services you receive may be billed to and payment collected from you, your health plan, or a third party.

- Healthcare Operations – This office may use and disclose your PHI to support its operations. These uses and disclosures are necessary to ensure patients receive quality care. For example, this office may use PHI to review and evaluate its methods, practices, and outcomes of treatments provided.
- Other Uses and Disclosures
Under limited circumstances, this office may also use and disclose PHI for the following purposes:
 - To contact you for appointment reminders and to provide information about or recommend possible treatment options or alternatives that may be of interest to you.
 - To a friend or family member who is involved in your care, such as to help with follow-up care.
 - To business associates of this office if they need to receive PHI to provide a medical care related service. Examples of such business associates are billing companies, data processing companies, or companies that provide general administrative services. These business associates are also required to keep your PHI confidential.
 - To students of a medical profession, such as in a 'case study' where your identity would be protected, for the purposes of training and education.
 - To perspective patients, excluding any personally identify information, to share basic treatment protocol and predicted length of treatment for specific illnesses.
 - To government regulatory agencies that have a right to collect health information or for audits, inspections, and investigations.
 - To law enforcement officials in response to a request made through a court order, subpoena, warrant, summons, or to prevent danger or injury.
 - To prevent a serious threat to life or safety of a person or the public.
 - For research purposes, such as the publication of a case study or chart review, that meet all privacy law requirements.
 - For other purposes required or permitted by law.
- Uses and Disclosures Not Covered by this Notice
 - Other uses of PHI – Other uses and disclosures of PHI not covered by this notice will be made only with your written authorization or that of your legal representative. You may revoke that authorization, in writing, at any time. Such authorization will be effective except to the extent that this office has taken action in reliance on the authorization or if your authorization was obtained as a condition of obtaining healthcare services.

Your rights relating to your Personal Health Information (PHI) are as follows:

John Aguilar, Jr, MS, LAc,
CMT, Dipl. Ac & CH (NCCAOM)

930 Logan Street Suites 101 & 102 Denver, Co 80203

720.284.1374 DenverChineseMedicine.com john@DenverChineseMedicine.com

- Right to Inspect and Copy Your PHI – In most cases you have the right to inspect and obtain a copy of your PHI that this office maintains for as long as we maintain it. There is a \$25 fee to cover time and expenses accrued in fulfilling such requests. In limited circumstances, this office may deny your request to review or obtain a copy of your PHI. If your request is denied, you will be advised in writing of the reasons for the denial and explain your right to have the denial reviewed.
- Right to Amend Your PHI – If you believe information this office maintains about you is incorrect or if important information is missing, you have the right to request we amend it. We may deny your request to amend the information under certain circumstances. If we deny your request, we will advise you in writing of the reason for the denial and explain your right to submit a statement disagreeing with the denial.
- Right to Obtain a List of the Disclosures This Office Has Made – You have the right to obtain a list of the instances where we have disclosed your PHI for purposes other than treatment, payment, healthcare operations, disclosures made directly to you, or where you have specifically authorized a disclosure. The first list you request within a 12-month period will be free. There will be a \$25 charge to fulfill requests made after that.
- Right to Request Restrictions on the Use and Disclosure of Your Personal Health Information (PHI) – You have the right to request that this office limit the manner in which we use or disclose any part of your PHI. We are not required to agree to a requested restriction. If we do agree, we will comply with your request except when you require emergency treatment.
- Right to Request Confidential Communications – You have the right to request we communicate with you about your PHI in a certain way or at a certain location. For example, you may ask we only contact you at work or by mail. All reasonable requests will be accommodated.
- Right to Obtain a Copy of This Notice – You have the right to request a copy of this Notice. At the Initial Treatment, a copy will be provided to you.
- Right to File a Complaint – If you believe your privacy rights have been violated, you may file a written complaint with this office or with the Colorado Department of Regulatory Agencies (DORA):

Director of Registrations
Acupuncturists Licensure
1560 Broadway, Suite 1340
Denver, CO 80202
303.894.7851

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Under no circumstances will you be penalized or retaliated against for filing a complaint.

If you wish to request any of the above rights or if you have any questions about this office's privacy practices, you may contact the Privacy Officer, John Aguilar Jr., L.Ac., in writing or by telephone:

John Aguilar Jr., L.Ac.

This Notice was published and becomes effective on May 18, 2004.