

NOTICE OF PRIVACY PRACTICES

The Healing Point, LLC.
Melissa Morone Sommer, L.Ac.
61 Sherman Street, 2nd Floor
Fairfield, CT 06824

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.

The Healing Point is required by law to protect certain aspects of your health care information known as Protected Health Information (PHI) and to provide you with this Notice of Privacy Practices.

This notice describes our privacy practices, your legal rights and lets you know how The Healing Point is permitted to:

- *Use and disclose PHI about you.
- *How you can access and copy that information.
- *How you may request amendment of that information.
- *How you may request restrictions on our use and disclosure of your PHI.

PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT THE HIPAA PRIVACY OFFICER LIAISON.

Purpose of this notice:

This notice describes your legal rights, advises you of our privacy practices and lets you know how The Healing Point is permitted to use and disclose Protected Health Information about you.

Uses and disclosures of PHI:

We may use and disclose your PHI to provide you with treatment, obtain payment for services and health care operations in some cases without your written permission.

For Treatment:

We may use and disclose your protected health information to provide you with medical treatment and services and to coordinate or manage your health care and related services. We may disclose your PHI to our doctors and nurses, as well as to any other party involved in your care, either within our practice or an outside health care provider.

For Payment:

We may use and disclose your protected health information to bill and receive payment for the treatment and services we provide. We may disclose your PHI to an insurance company or managed health care company, Medicare, Medicaid or any other third party payer. We may also provide PHI to collection departments or any other health care provider who requests information necessary for them to collect payment.

For health care operations:

We may use and disclose your protected health information as necessary for us to operate our medical practice. This includes obtaining legal and financial services, processing grievances and complaints, quality assurance activities, licensing and training programs to ensure quality health care.

For Appointment Reminders:

We may call a patient's home to confirm a scheduled appointment. If the patient is not at

home, we leave a reminder message on the answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of the scheduled appointment along with a request to call our office if there is a need to cancel or reschedule the appointment.

We may use and disclose your protected health information:

- *To review and improve the quality of care you receive.
- *To train and educate doctors, nurses, students, volunteers or other medical staff.
- *To plan for services such as when we assess certain services that we may want to offer in the future.
- *To evaluate the performance of our employees.
- * If we are in the process of selling our business or merging with other health care entities.
- *For procedures involving health care fraud and abuse detection and compliance
- *To remind you of an appointment or missed appointment.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION IN LIMITED SITUATIONS.

The following are situations in which we may use or disclose your protected health information without your written authorization or an opportunity for you to agree or object.

As required by law.

We may disclose your protected health information when required to do so by federal, state or local law or other judicial or administrative proceedings.

Emergencies.

We may use or disclose protected health information necessary in emergency treatment situations.

Public Health Risk.

For example, we may disclose protected health information about you if you have been exposed to a communicable disease or may otherwise be at risk of spreading a disease. Other examples may include reports about injuries or disability, reports of births and deaths, reports of child abuse and/or neglect and reports regarding the recall of products.

At our office.

Unless you object, we may use and disclose certain limited information about you on our sign-in sheet while you are in our office. This may include your name but will not include information about your condition. We may also call your name to notify you that the provider is ready to see you or that we need to discuss something with you.

Individuals involved in your care or payment of your care.

Unless you object, we may disclose protected health information about you to a family member, relative or any other person you identify who is involved in your care. The disclosures are limited to information relevant to the person's involvement in your care or in payment for your care.

Disaster relief.

Unless you object, we may disclose protected health information about you to an organization assisting in disaster relief efforts.

Reporting victims of abuse or neglect.

When authorized by law, or if you agree to the report and if we believe that you have been a victim or abuse or neglect, we may use and disclose your protected health information to notify a government authority.

Health oversight activities.

When authorized by law, we may disclose your protected health information to a health oversight agency for activities such as audits, investigations, inspections, license or actions or other legal proceedings.

Judicial and administrative proceedings.

We may disclose your protected health information in response to a court or an administrative order.

Law enforcement.

We may disclose your protected health information for certain law enforcement purposes including but not limited to:

- Reporting wounds and/or physical injuries
- Reports required by law
- Reporting emergencies or suspicious deaths
- Complying with a court order, warrant, subpoena or other legal process
- Identifying or locating a suspect or missing person, material witness or fugitive
- Answering certain requests for information regarding a crime
- Reporting and/or answering requests about a death we believe may be the result of a crime
- Reporting criminal conduct that took place on our premises
- In emergency situations to report a crime, the location of the crime or victim or the identity, description and/or location of a person involved

Coroners, medical examiners, funeral directors.

We may disclose information about deceased patients to funeral directors if necessary to allow them to carry out their duties such as identifying you should you die.

Organ/tissue donation organizations.

We may disclose your information in order for an organization involved in the donation of organs and tissues to carry out their lawful duties.

Research.

In some situations, your phi may be used for research purposes, provided that the privacy and safety aspects of the research have been reviewed and approved by an institutional board or a privacy board. The board must have established procedures to ensure that your phi remains confidential.

To avert a serious threat to health or safety.

We may only make the disclosure to a person or entity that would be able to help lessen or prevent the threatened harm.

Military and veterans.

If you are a member of the armed forces, we may use and disclose your phi as required by military command authorities.

National security and intelligence activities.**Protective services for the President and others.**

We may disclose your phi to authorized federal officials, as needed, to provide protection to the President of the United States, other authorized persons, foreign heads of states or to conduct certain special investigations.

Inmates/law enforcement custody.

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your phi to the correctional institution or law enforcement official.

Worker's compensation.

We may use or disclose your phi to comply with laws and regulations relating to workers' compensation.

Treatment Alternatives and Health-Related Benefits and Services.

We may use your phi to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. This may include telling you about treatments, services, products, other health care providers and special programs.

YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES

OF YOUR PROTECTED HEALTH INFORMATION.

Except for those circumstances listed above, we will use and disclose your protected health information only with your written authorization. You may revoke your authorization, in writing, at any time. If you revoke an authorization, we will no longer use or disclose your protected health information for the purpose covered by that authorization, except where we have already relied on the authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information that we maintain, which you can exercise by presenting a written request to the privacy officer:

The Right to Access Your Protected Health Information:

Except under limited circumstances, and upon written request, you have the right to inspect and obtain a copy of your protected health information. Your protected health information is contained in our medical and billing records or any other record used by us to make decisions about your care.

To inspect and request a copy of your phi, you should submit your written request to us.

We must respond to your request within 30 days, by either supplying the records or sending a written notification of denial.

If you are denied access to your phi, in some cases you will have the right to request a review of this denial. The review will be performed by a licensed health care professional designated by us, who did not participate in the original decision to deny access.

The Right to a Paper Copy of This Notice:

You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our office in writing or by phone.

The Right to Request Restrictions:

You have the right to request a restriction on the way we use or disclose your phi for treatment, payment or health care operations. You also have the right to request restrictions on the protected health information we disclose about you to a family member, friend or other person involved in your care or the payment of your care.

The Right to Request Confidential Communications:

You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number or a specific address.

The Right to Request an Amendment:

You have the right to request that we send medical or billing records, or other phi maintained by us, for as long as the information is kept by us.

We may deny your request for amendment if the information:

- was not created by us.
- is not part of the records maintained by us.
- is information to which you do not have a right of access.
- is accurate and complete.

The Right to an Accounting of Disclosures:

Patients have a right to receive an accounting of disclosures of their protected health information made by The Healing Point, LLC. This is a list of the disclosures we made of medical information about the patient for purposes other than treatment, payment and health care operations. We may charge for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

SPECIAL RULES REGARDING THE DISCLOSURE OF MENTAL HEALTH CONDITIONS, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

For uses and disclosures of your protected health information related to care for mental health conditions, substance abuse, or HIV-related information; special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or if a court orders the disclosure.

COMPLAINTS

If you believe that your privacy rights have been violated by The Healing Point, LLC, you may file a complaint in writing with us or with the federal government.

To request additional information, to request that we respond to questions or to file a complaint, you should contact the Privacy Contact Office.

Privacy Officer/Administrator
The Healing Point, LLC.
61 Sherman St, 2nd Fl.
Fairfield, CT 06824
203-887-6789

To file a complaint with the federal government, you may contact:

DHHS, Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F
HHH Building
Washington, D.C. 20201
877-696-6775

