

HUGH G. MORISON, L. AC. PRIVACY NOTICE
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 Legal Responsibility

As a health care provider, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal duties and privacy practices. This requirement applies to all patients served by Hugh G. Morison, L. Ac. If you have any questions or want more information about this notice, please contact our Privacy Officer at the contact information listed below.

Your Protected Health Information (PHI)

Throughout this notice we will refer to your protected health information as PHI.

Your PHI includes information that identifies you and describes the care and services you receive.

This notice applies to all of the records, both electronic and paper, about your care. This notice about privacy practices explains how, when, and why we use and share your PHI. It explains your rights and our responsibilities and tells you where to get additional information. We may change the terms of this notice and our privacy policy in the future. Any changes will apply to your past, current, or future PHI.. You may also request a copy of our current notice at any time from the Hugh G. Morison, L. Ac.

Uses of Protected Health Information

Hugh G. Morison, L. Ac. collects health information about you and stores it in a chart and may also store it on a computer. This is your medical record. The medical record is the property of Hugh G. Morison, L. Ac., but the information in the medical record belongs to you. We use and disclose health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

1. **Treatment** – We may use and disclose medical information about you to physicians, nurses, technicians, interns, or other health care professionals who are involved in your care. Different health care professionals, such as physicians, nurses, and x-ray technicians, also may share information about you in order to coordinate your care.
2. **Health care operations** – We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of health care services you received or to evaluate the performance of health care professionals who cared for you. We may also disclose information to physicians, nurses, technicians, medical, nursing and other healthcare professionals, and other personnel.
3. **Appointment reminders and health-related benefits or services** – We may use your PHI to provide appointment reminders or give you information about treatment alternatives or other health care services.
4. **Public health activities** – We report information about various diseases to governmental officials in charge of collecting that information.
5. **Law enforcement** – We may disclose PHI to government agencies and law enforcement personnel when the law requires it. For example, we report about victims of abuse, neglect, or domestic violence, and gunshot victims, and when ordered to do so in judicial or administrative proceedings.
6. **Health oversight activities** – We may disclose PHI to a health oversight agency for audits, investigations, inspections, and licensure, as authorized by law. For example we may disclose PHI to the Food and Drug Administration, or the Health Human Service Office for Civil Rights.
7. **Research studies** – We may disclose your PHI to help conduct research. Research may involve finding a cure for an illness or helping to determine how effective a treatment is. All research studies are subject to a specific approval process by a Privacy Board or Institutional Review Board. This process evaluates a proposed research study to determine that measures are in place to balance research needs with the need for the privacy of your health information. For some research activities you may be asked to participate in a study and if you agree, the researcher will be required to obtain your permission to use your PHI for that study.
8. **Worker's compensation purposes** – We may disclose PHI at your employer's request regarding a work-related injury.
9. **National security and intelligence activities** – We may release PHI to authorized federal officials when required by law.

Uses and Disclosures for which You Have the Opportunity to Object

1. **Fundraising** – providing your information to University entities for purposes of sending you materials for fundraising purposes
 2. **Disclosures to family, friends, or others** – providing information that you are a patient
- Except as described above, all other uses and disclosures of your PHI will require your authorization.**

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Your Rights Regarding PHI. You have the right to:

3. Request Restrictions

You have the right to ask that we limit how we use and disclosure your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer listed at the end of this notice.

4. Request Confidential Communications

If we send notices or information to you, you have the right to ask that we send PHI to you at a different address. For example, you may wish to have appointment reminders and test results sent to a PO Box or a different address than your home address. We will accommodate reasonable requests. To make a request, contact any member of your health care team.

5. Inspect and Copy

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually this includes the medical record and billing records. To inspect and obtain a copy of medical information, you must submit your request in writing to the Privacy Officer listed at the end of this notice. We will make every effort to respond to your request within a reasonable period of time. You may be charged a fee to cover the costs of copying, mailing, or other supplies associated with your request.

6. Disclosures

You have the right to obtain a list of instances in which we have disclosed your PHI. Your request must state a time period not longer than six years and your request may not include dates before April 14, 2003. The list will not include uses or disclosures made for treatment, payment or health care operations. In addition, the list will not include uses or disclosures that you have specifically authorized in writing. You must submit your request in writing to the Privacy Officer listed at the end of this notice.

7. Amendments

You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical record. You may request an amendment for as long as that record is maintained. You may submit a written request for an amendment to: Release of Information, for amendment to your medical record.

8. Paper copy of this notice

You have the right to request a paper copy of this notice. You may pick up a copy at any check-in point or request that a copy be sent to you.

9. Revocation of Permission

If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. You must make your request in writing to Release of Information. Contact information is listed at the end of this notice. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. We are unable to take back any disclosures previously made with your permission. Also, we are required to keep all records of the care that we provided to you.

10. Complaints and Questions

If you believe your privacy rights have been violated, you may file a complaint with this office, Contact Hugh G. Morison, L. Ac. Privacy Officer at the address and phone number listed below. You will not be penalized for filing a complaint and your care will not be compromised. If you have questions about this notice, any complaints about our privacy practices, or you would like to know how to file a complaint with the Secretary of the Department of Health and:Human Services please direct your inquiry to: DHHS Office of Civil Rights

Privacy Officer
1127 Wilshire Blvd. #510
Los Angeles, CA 90017 213-482-4710

This notice is in effect April 14, 2003.
Hugh G. Morison, L. Ac. privacy notice 04/22/03

Patient Signature _____ Date _____

Legally Responsible Party _____ Date _____