



NOTICE OF PRIVACY PRACTICES

A new Federal law known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) went into effect on April 14, 2003. We are required to give you a printed copy of our Notice of Privacy Practices. For your convenience, we are providing this brief summary. Each section has a corresponding section in our full Notice, which we encourage you to read in its entirety. We are required to ask you to sign a one-time acknowledgement that you have received this notice.

Your Rights as a Patient. You have many new and important rights with respect to your protected health information. These are summarized below and described in detail in our full Notice of Privacy Practices.

Use of Protected Health Information. We are permitted to use your protected health information for treatment purposes, to facilitate our being paid, and to conduct our business and evaluate the quality and efficiency of our processes. Also, we are permitted to disclose protected health information under specific circumstances to other entities. We have put into place safeguards to protect the privacy of your health information. However, there may be incidental disclosures of limited information, such as overhearing a conversation that occurs in the course of authorized communications, routine treatment, payment, or the operations of our practice. HIPAA recognizes that such disclosures may be extremely difficult to avoid entirely, and considers them as permissible.

For entities that are not covered under HIPAA to which we must send protected information for treatment, payment, or operational purposes, we require that they sign a contract in which they agree to protect the confidentiality of this information.

Disclosures of Protected Health Information Requiring Your Authorization. For disclosures that are not related to treatment, payment, or operations, we will obtain your specific written consent, except as described below.

Disclosures of Protected Health Information Not Requiring Your Authorization. We are required by State and Federal law to make disclosures of certain protected health information without obtaining your authorization. Examples include mandated reporting of conditions affecting public health, subpoenas, and other legal requests.

Communication to You of Confidential Information by Alternative Means. If you make a written request, we will communicate confidential information to you by reasonable alternative means, or to an alternative address.

Restrictions to Use and Disclosure. You may request restrictions to the use or disclosure of your protected health information, but we are not required by HIPAA to agree to such requests. However, if we do agree, then we are bound to honor your request. In the course of our use and disclosure of your protected health information, only the minimum amount of such information will be used to accomplish the intended goal.

Access to Protected Health Information. You may request access to or a copy of your medical records in writing. We will provide these within the time period specified, unless we are forbidden under HIPAA or by applicable state law to provide such records. If we deny access, we will tell you why. You may appeal this decision, which under specified circumstances, will be reviewed by a third party not involved in the denial.

Amendments to Medical Records. You may request in writing that corrections be made to your medical records. We will either accept the amendments, and notify appropriate parties, or deny your request with an explanation. You have rights to dispute such denials and have your objections noted in your medical record.



Accounting of Disclosures of Protected Health Information. You may request in writing an accounting of disclosures of your protected health information. This accounting excludes disclosures made in the course of treatment, payment, or operations, and disclosures that were made as a result of your written authorization.

Other Uses of Your Health Information. Optional uses, as permitted under HIPAA, are listed in our complete Notice of Privacy Practices.

How to Lodge Complaints Related to Perceived Violations of Your Privacy Rights. You may register a complaint about any of our privacy practices with our Privacy Officer or with the Secretary of Health and Human Services without fear of retaliation, coercion, or intimidation.

Notice of Privacy Practices for Protected Health Information

The effective date of this notice is 4/14/2003

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.

In compliance with the Federal law known as the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) **ACUPROLO INSTITUTE** has established privacy policies and procedures relating to the protected health information of our patients. Protected health information is information related to your past, present, or future physical or mental health or condition, or payment for such, in which you personally could be identified. HIPAA requires that providers must maintain the privacy of protected health information, provide a notice of their legal duties and privacy practices, and abide by the terms of the privacy notice currently in effect.

If you have any questions about our privacy practices or any of the information contained in this Notice of Privacy Practices for Protected Health Information (“Notice”), or wish to register any complaints related to our privacy practices, you should contact.

**Privacy Officer
ACUPROLO INSTITUTE
22750 Hawthorne Blvd Suite 218
Torrance, CA 90501**

We will supply a written copy of this Notice to any person requesting it, whether or not they are a current patient. All patients will be given a copy of this Notice at the time of the first service provided to them following the effective date listed above. This Notice will be posted prominently and copies will be made available in our office.

We reserve the right to make changes to our Notice and have any new provisions become effective for all protected health information we maintain. If we make any material changes to the uses or disclosures of protected health information, the individual’s rights, our legal duties, or other privacy practices stated in this Notice, this Notice will be revised. The revised Notice will be posted prominently in our office, and we will make the revised Notice available to anyone who requests a copy.



Your Rights as a Patient

With respect to your protected health information, you (or your personal representative, with legal authorization) have certain rights. These are as follows:

1. To obtain a paper copy of this Notice of Privacy Practices for Protected Health Information upon request
2. To revoke your consents or authorizations
3. To inspect and obtain a copy of the health information that is used to make individual healthcare decisions about you (so called “designated record sets”)
4. To appeal decisions we make regarding denial of access to your records
5. To request amendments to your health record
6. To dispute decisions we make regarding denial of amendments to your records
7. To request restrictions on certain uses and disclosures
8. To request that confidential communications take place by alternative means or to alternative locations
9. To obtain an accounting of disclosures
10. To lodge a complaint with us or with the Secretary of Health and Human Services if you believe there has been a HIPAA privacy violation, without fear of retaliation, coercion or intimidation.



PATIENT BILL OF RIGHTS

The rights of patient(s) include, but are not limited to: The right to:

1. Exercise these rights without regard to sex or cultural, economic, educational or background or the source of payment for the care.
2. Considerate and respectful care.
3. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians who will see the patient.
4. Receive information about the illness, the course of treatment and prospects for recovery in terms that the patient can understand.
5. Receive as much information about any proposed treatment procedure as the patient may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment. The medically significant risks involved in the treatment, alternate courses of treatment or non-treatment, and the risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
6. Participate actively in decisions regarding the medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to the care and services rendered by the physician and staff. Written permission shall be obtained before the medical records can be available to anyone not directly concerned with the care.
9. Reasonable responses to any reasonable requests he/she may make for service.
10. Leave the facility even against the advice of the physician.
11. Reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
12. Be informed of continuing healthcare requirements following discharge from the hospital or office.
13. Examine and receive an explanation of the bill regardless of source of payment.
14. Know which rules and policies apply to the patient's conduct while a patient.
15. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
16. A procedure shall be established where by patient complaints are forwarded to the provider's administration for appropriate response.
17. All personnel shall observe these patient rights.